

not to blame for its hardships but something else is—a “scapegoat.” The ruling classes of the world, says Gran, use *gender*, *culture*, *caste*, or *race*, variously, to maintain their hegemony.

The idea of ‘hegemony’ in controlling class conflict is perhaps best known as Gramsci’s identification of the use of ‘culture’ by the Italian state in his attempt to explain why the poor masses of southern Italy did not challenge their bourgeois exploiters. Thus Gran calls those states that use ‘culture’ to deflect class conflict “Italian Road regimes” and asserts that examples of it, as well as the other forms of hegemony, can be found throughout the world, including in the Middle East.

In his second section (“Modern Middle Eastern History as Social History”) Gran suggests where each of these strategies of hegemonic control can be found in the Middle East. He identifies Egypt as an Italian Road regime, also Syria prior to 1966. Other forms of hegemony he specifies as “rule by caste” (Turkey, Iran and Iraq). Then there are the “tribal-ethnic states” that “play class off against gender” (several examples). Israel is “the main Middle Eastern example” of the “hegemony of race.” In each case he suggests historical details as corroboration.

Gran disclaims that his postulated ‘historical roads’ are Weberian ideal types. The particular situation in each country and “the struggles of the ruled,” he says, “lead to highly divergent outcomes within what is loosely the same set of dynamics.” By contrast, he contends, “ideal types are fixed.”

The *idea* of going beyond Eurocentricism⁴ he speaks of as “an epistemological revolution” but what he has presented in this article is “simply a first step.” He believes another generation will take the understanding of social movements out of the nation state “to a more direct approach ... [of] important counter hegemonic struggles” by “mass populations who challenge the hegemony of the world’s ruling classes” as they “search for some new kind of future.”

Here they are, then, the articles themselves, a modest contribution of Cairo Papers to social history in the Middle East.

⁴ The title of Gran’s 1996 book where he first began to develop the ideas contained in this article. See *Beyond Eurocentrism: A New View of Modern World History* (1996) and Gran’s article *infra* at footnote 2.

MEDICINE AND POWER: TOWARDS A SOCIAL HISTORY OF MEDICINE IN NINETEENTH-CENTURY EGYPT

KHALED FAHMY

In spite of the unprecedented changes that Egyptian society witnessed in the nineteenth century, the historiography of modern Egypt still lacks a critical account that documents some key aspects of these changes. Important institutions that changed the face of Egyptian society are often studied without analyzing in detail what the impact of these institutions on daily, quotidian life might have been. For example, the army that Mehmed Ali founded in the early 1820s is studied to show how Egypt strove to gain independence from the Ottoman Empire and to catch up with the West without paying significant attention to the experience of tens of thousands of men whose lives were radically transformed by serving in this brutal institution. Similarly, the history of the Suez Canal is often written to show how Egypt was enmeshed in an international conspiracy that eventually led to its losing its independence to Britain without paying attention to the thousands of peasants who were forced to dig this canal and who perished by the hundreds as a result of the inhuman conditions of their work. As a further example, the Opera House that Khedive Ismail built in 1869 as part of his attempt to turn Cairo into a Paris on the Nile is, again, often studied to highlight the role of Italian composers, members of the Khedival household, and/or Cairo’s increasingly cosmopolitan elite who patronized it. Meanwhile, we know next to nothing of the manner in which this novel cultural institution was received by the majority of the city’s population, let alone who the workers were that built it or what the conditions of their employment might have been.

Similarly, medical institutions are often studied to show how Mehmed Ali and his French advisors managed to lay the foundations of an impressive medical establishment that continued to grow until it was curtailed and eventually colonized by the British occupation authorities after 1882. Granting that medicine and public hygiene witnessed important improvements under the Khedives and that medical education later suffered

after the British takeover,¹ we still lack any detailed account of the social, rather than the institutional history of medical reform under the Khedives. This paper is a modest attempt to raise some questions and offer some tentative answers regarding the social history of medicine in nineteenth-century Egypt.

There is no doubt that medical reform in nineteenth-century Egypt was intricately connected to state interests. Given his nearly insatiable needs for manpower to fulfill his dynastic aspirations, Mehmed Ali Pasha was desperately seeking ways to improve health conditions in his prized province, Egypt, as well as enhance the productive capacity of his subjects and the fighting capabilities of his formidable army. His attention to health matters eventually resulted in securing the services of an energetic French doctor, Dr. Antoine-Barthélemy Clot (later known as Clot Bey) who was appointed soon after his arrival in 1825 as Surgeon-General of the Pasha's newly-founded army. Dr. Clot proceeded to found a medical school-hospital, Qasr al-'Aini, the only establishment from Mehmed Ali's time to survive down to the present day. Besides teaching medicine to generations of male doctors, Qasr al-'Aini flourished both during and after Mehmed Ali's time to become the center of a far-flung medical establishment that accomplished wide-ranging activities. These included country-wide vaccination against smallpox, weekly registrations of births and deaths, urban sanitation measures, quarantines to control the spread of cholera and the plague, and an elaborate system of forensic medicine to ascertain the causes of death and/or accidents.

This paper does not tell the story of the founding and subsequent development of this new medical establishment, nor does it follow the career of Clot Bey or of any of his students to show how they managed to overcome the hurdles that they encountered in their attempt to introduce modern medicine in Egypt. Rather, it tries to lay the emphasis on the people, on the receiving end of this supposedly "greatest benefit to mankind,"² i.e., the patients. In other words, rather than producing a unilinear, teleological account of how modern medicine was introduced in Egypt, I attempt to offer

¹ For such an argument see: Amira el Azhary Sonbol, *The Creation of a Medical Profession in Egypt, 1800-1922* (New York: Syracuse University Press, 1991).

² Roy Porter, *The Greatest Benefit to Mankind: A Medical History of Humanity* (London and New York: Norton, 1997).

an account of the social history of medicine in nineteenth-century Egypt. My aim is to deny doctors the central position they typically occupy in most accounts of medical history, to offer an alternative picture that admits the voices and actions of subaltern groups, and to note how the intrusive, authoritarian institution of modern medicine was perceived by members of subaltern classes, people who found their bodies increasingly under the piercing gaze of medicine, people who have very often been left out of traditional historical narratives. In addition, I also highlight the role of nurses and orderlies, midwives and barber-vaccinators, that is, intermediaries who occupied crucial positions in the highly hierarchical medical establishment and whose performance, crucial as it is, has gone unrecorded in most accounts of medical history of nineteenth-century Egypt. I divide my account into three layers: the "production", the "reception," and the "enunciation" of medical knowledge.

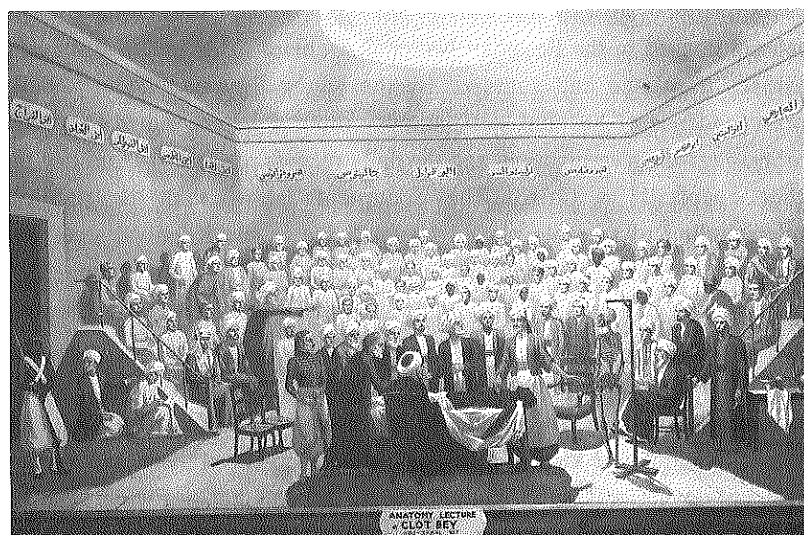
To draw a preliminary picture about the manner in which modern medicine was understood and accommodated, not only by leading medical practitioners but also by members of subaltern classes, I relied on archival material housed in the Egyptian National Archives. This included medical treatises translated and authored by the young Egyptian doctors, daily correspondence of hospital staff, autopsy reports, letters issued to village barbers regarding vaccination, and the daily records of Qasr al-'Aini and the other hospitals in Cairo. The documents show that the public's understanding of the role played by medicine in the Khedival state was nuanced and complicated and that the people realized the strong connection between medicine and various attempts by the Khedives to have a tighter control over the societies they ruled.³

I start by summarizing a highly polemical account of how modern medicine was supposedly introduced in Egypt. I then look more closely at Qasr al-'Aini and the kind of medicine that was practiced there, and attempt to identify what was specifically "modern" about that medicine. Next I

³ Although the title of Khedive was not officially bestowed on the rulers of Egypt until 1865, it was used domestically well before then. By Khedival state I am referring to the type of polity established in Egypt by Mehmed Ali and perpetuated by his successors, a polity that witnessed a sharp break with the advent of the British in 1882, which is my cut-off date.

move outside that most famous hospital and attempt to gauge subaltern reaction to medicine by looking at less illustrious medical institutions, without losing sight completely of that central hospital. Finally, I close by summarizing suspected homicide cases from the 1860s, cases in which forensic medicine typically played a crucial role and one which clearly illustrates the diffuse manner in which modern medicine, and modern power generally, functioned. Throughout the account I make a distinction between the production, the reception and the enunciation of medicine: If Qasr al-'Aini offers a perfect site to check how medicine was *produced*, the numerous public clinics that were founded in various urban centers as well as in the countryside offer equally suitable locales to see how this medicine was *received*. Finally, autopsy and forensic medicine in general, offer good examples of how this modern knowledge was *enunciated*.

Founding Fathers and the Production of Medical Knowledge



Anatomy Lesson - Qasr al-'Aini Hospital

On June 20, 1829, the first anatomical dissection demonstration to be given in Egypt was delivered to over 100 Egyptian students in the newly founded medical school in Abû Za'bal, at the outskirts of Cairo. The instructor was Dr. Clot who had arrived in Egypt two years earlier, answering a request from Mehmed Ali Pasha to found a modern medical establishment that would cater first and foremost to the men in the Pasha's newly created army.⁴ A contemporary diagram of this momentous event shows Clot Bey, wearing a turban and flowing robes, conducting the anatomical lesson in front of similarly-dressed students who are depicted listening attentively to the lesson.⁵

There are a number of interesting features in this painting that make it worth describing in some detail. At center stage and standing in front of the dissecting table we are shown Clot Bey surrounded not only by his students but also by religious scholars from al-Azhar who were invited to attend the class. In his *Mémoires* Clot Bey gives us the rationale behind inviting these religious men to attend his autopsy lesson. After receiving a word that cadavers were not to be touched and that dissection was not to be undertaken in the new School of Medicine, he did not commit himself to any clear response to that injunction. Rather,

I harbored the hope that one day I would vanquish the prejudice [of using real bodies for dissection] even though I clearly noted the profound disgust of the students and the fanatical opposition of the ulémas [sic.] with whom I had had communication on the subject. I applied myself to winning the confidence of Shaykh al-Islam [sic.] al-Arusi, an important person who enjoyed a high reputation for holiness in the country.... When I approached the question of anatomy he would not give a single concession. His principal argument was that, according to religion, cadavers could feel pain.... [and argued that medical treatises] published on such subjects should suffice for the instruction of the students... [I responded] that the theory provides no more than incomplete notions: a watchmaker, I told him, who has to repair watches, does he not need to understand their whole mechanism? Moreover, does he not have to put together and take apart the various pieces before he can understand how they operate? This image struck him...[and] I managed to obtain a tacit

⁴For an account of the pasha's army see my *All the Pasha's Men: Mehmed Ali, His Army and the Founding of Modern Egypt* (Cambridge: Cambridge University Press, 1997).

⁵ The painting is reproduced in F. M. Sandwith, "The history of Kasr-el-Ainy", *Records of the Egyptian Government School of Medicine*, I (1901).

agreement to study anatomy but to act with the greatest discretion and to do so in secret.⁶

More interestingly we are also shown armed guards attending the lesson. Naguib Bey Mahfouz, the Sub-Dean of the Faculty of Medicine nearly a century later, explains:

The practice of dissection provoked much antagonism, not only from the Ulemas [sic.] but also from the students themselves. By steady perseverance the Ulemas were induced to give their consent.... [but] on one occasion one of the medical students, infuriated at seeing the bodies dissected, attempted to kill Clot Bey, stabbing him on the forehead and chest. By a fortunate movement of the arm Clot Bey evaded the attack.... [He then] calmly completed his lecture, to the great admiration of the class.⁷

In more than one way this first lesson of anatomy in Egypt, its setting, the response it triggered, as well as the manner in which it was recorded, are all representative of the way Egyptian society was supposedly modernized in the nineteenth century. What we are shown in this account is a European male doctor, equipped with the powerful tool of modern science, determined to open the eyes of a backward, superstitious people to the value and nature of modern medicine. In doing so he provoked the opposition of various groups of people; yet by persevering and standing still in front of this fierce opposition and facing real danger to his own life he managed to set down various blueprints for the medical care of soldiers in Mehmed Ali's army, to institute an ambitious vaccination program against smallpox in the countryside, and most importantly, to found a modern medical school attached to the Abû Za'bal Hospital which ten years later managed to produce 420 medical officers for the army and the navy and who would later form the nucleus of a nation-wide medical establishment.⁸

⁶ Antoine-Barthélemy Clot, *Mémoires*, Jacques Tagher, ed. (Cairo, 1949), p. 56.

⁷ Naguib Mahfouz, *The History of Medical Education in Egypt* (Cairo: Government Press, 1935), p. 31.

⁸ Sandwith, "The history of Kasr-el-Ainy," p. 11. Abû Za'bal Hospital was moved in 1837 to Qasr al-'Aini and was renamed after its new location. For a brief history of the introduction of dissection in Egypt and a critical reading of this painting see Khaled Fahmy, "Fi mashrahat al-tarikh," *al-Kutub Wijhat Nazar*, October, 2001.

Traditional historical accounts of Clot Bey go on to say that in performing his job, the great French physician was opposed by everyone except Mehmed Ali himself who clearly understood the importance of modern medicine and its usefulness to his own projects. In an interview with one of his numerous European visitors, Mehmed Ali is reported to have once said

I have much to learn, and so have my people; and am now sending.... fifteen young men to learn what your country [i.e. England] can teach. They must see with their own eyes; they must learn with their own hands;... they must discover how and why you are superior to us; and when they have been among your people a sufficient time, they must come home and instruct my people.⁹

Here the Pasha reveals himself as the great lonely reformer, little understood by his own people but who is, nevertheless, determined to push his country into the modern age. Seeing clearly that a big gap separated his country from the more advanced West, he decided to send a number of students to see for themselves why and how the West was superior and come back to open the eyes of their fellow countrymen. During his reign he sent over three hundred students to study in various countries in Europe, but mostly to France; around fifty of them were sent to study medicine.

What is most problematic about this manner of describing how modern medical science was introduced in Egypt in the nineteenth century, is that it posits a pure, essentialist and non-complicated state of things called modernity as being opposed to an equally pure and non-contaminated previous traditional period. For different reasons most French, British and Egyptian writers who described the introduction of modern medical science in Egypt uncritically accept this neat dichotomy. The only place in which they differ is regarding who the prime agent of this modernizing program was. Clot Bey himself was in no doubt that the "sudden, abrupt and spontaneous" appearance of "civilization in the East.... has not proceeded from the mass of the people.... [Rather, it was the result of a] grand

⁹ A. A. Paton, *A History of the Egyptian Revolution, From the Period of the Mamelukes to the Death of Mohammed Ali* (London: Trubner, 1863), II, p. 84.

accidental cause...[which] appears to us [as]... the expedition of the French in Egypt."¹⁰

Dr. Sandwith, who in 1884 became co-director of the newly formed Sanitary Department, admitted that the "earliest triumphs of the art of healing were celebrated in Egypt." Yet, he hastens to add, "the most remarkable thing about Egyptian medicine of that day was its non-progressive character.... The learned Egyptian was above all things a scribe,... but the Greek physician, on the contrary, was a man of speech and argument."¹¹ After a brief survey of the development of Arabic medical knowledge throughout the Middle Ages, Sandwith applauded the efforts of Clot Bey in "restoring to Egypt the modern fruits of that knowledge which was, for so many years, almost a monopoly in the famous cities of Memphis, Heliopolis and Alexandria."¹² But again, in his attempts to spread modern medical knowledge among that, by then, dormant and passive society,

Clot Bey had everyone against him except the great reformer, Muhammad Ali himself. Sheikhs, Ulemas, parents, officers of the army and the navy all agreed that it was useless to try to turn Egyptians into doctors. In spite of public opinion, court intrigues, and the passive resistance to novelty which is an outcome of generations of blind ignorance, it is wonderful how much Clot Bey succeeded in Accomplishing.¹³

If Dr. Sandwith felt obliged to refer to the previous services of the Frenchman Clot Bey in founding the modern medical services in Egypt, his compatriot, Lord Cromer, the British Consul-General and *de-facto* ruler of Egypt from 1883 to 1907, had no doubt in his mind that the reforms which the British instituted in Egypt after the 1882 takeover were unprecedented.

On the whole, although of course much remains to be done, it may be said that, insofar as medical instruction and organization, veterinary administration and the proper maintenance of hospitals, dispensaries and lunatic asylums are concerned, an amount of progress has been realized which is as great as could be reasonably expected. The very capable

¹⁰ "Clot Bey's observations on Egypt," *Foreign Quarterly Review*, 27 (1841), pp. 377-378.

¹¹ Sandwith, p. 3.

¹² Ibid., p. 4.

¹³ Ibid., p. 16.

Englishmen who have devoted their energies to the making of this department... have at all events succeeded in introducing the first commonplace elements of Western order and civilization into the country.¹⁴

Again, this was not met except with strong resistance from the natives. This resistance, however, "was powerless to arrest the progress of medical instruction. With characteristic Anglo-Saxon energy, the Englishman set to work to make the Egyptian '*un médecin malgré lui*'."¹⁵

On their part, the young Egyptian doctors who were the first graduates of the Qasr al-'Aini hospital insisted that the beginning of modern medical science in Egypt was due to the energetic efforts of Mehmed Ali. One of these, Ahmad al-Rashidî, who was sent to France in 1832, wrote:

medical science has all but disappeared from Egypt... and was practiced by all kinds of quacks who... did not understand anything about medicine, its rules or its foundations.... [This continued to be the case] until God sent us the greatest reformer on earth.... Mehmed Ali.... who was determined to resurrect this science by opening medical schools"¹⁶

Modern Egyptian historians have similarly insisted that the bastion of modern medical science, Qasr al-'Aini, owed its existence to local, rather than foreign, agents. Writing in 1938, A. I. 'Abd al-Karîm argued that Mehmed Ali's medical reforms helped "spread modern medicine in the deep Egyptian countryside, and... lifted the clouds of ignorance that had been hovering over the country for long centuries."¹⁷

Rather than engaging in a polemical debate about who is to be credited with introducing modern medicine in Egypt, what follows is a brief attempt to identify what exactly was modern about Qasr al-'Aini and the kind of medicine produced there by looking at the medical knowledge that Qasr al-'Aini doctors were producing in their authored or translated treatises. In addition, I also argue that what was modern about Qasr al-'Aini doctors was their new social standing; in other words, it was not only the education they

¹⁴ Lord Cromer, *Modern Egypt* (London: Macmillan, 1908), II, p. 512.

¹⁵ Ibid., p. 510.

¹⁶ Ahmad al-Rashidî, tr., *Diya' al-Nayyrîn fî Mudâwât al-'Aynain* [*The Light of the Insightful for Curing Eyesight*] (Cairo: Bulaq, 1840), pp. 3-4.

¹⁷ Ahmad 'Izzat 'Abd al-Karîm, *Tarîkh al-Ta'lîm fî 'Asr Muhammad 'Alî* [*History of Education During Mehmed Ali's Reign*] (Cairo, 1938), p. 266.

had received which differentiated them from earlier medical practitioners, but also a new position they came to occupy within the rapidly evolving Egyptian society of the nineteenth century.

Qasr al-'Aini As a Clinic

One of the interesting features of the painting of Clot Bey mentioned above was the manner in which that amphitheater was decorated. Running along the top of the walls of this anatomical amphitheater were inscribed the names of famous Arab medical scientists from previous ages: Abû Mûsâ Jâbir ibn Hayyân, Ibn al-'Aini, Ibn Zuhr, Ibn al-Baytâr, and others. The intention was clearly an attempt to convince the young students, mostly graduates from al-Azhar, that the new studies that they were receiving were related to the Islamic classics that they were more familiar with. By evoking the great figures of classical Arab science, it was hoped that the students would regard the new hospital as just another hospital that fitted in an old and continuous tradition of Muslim rulers' interest and concern about medicine and health matters thus "lend[ing] legitimacy and prestige to the enterprise."¹⁸

Yet in one of his most famous and popular books Clot Bey makes it clear that he sees his new hospital in a different light. After reviewing in some detail the history of previous medical establishments in Egypt from the time of the Arab conquest to the end of the eighteenth century, he stops short of portraying Qasr al-'Aini as the culmination of this long, if somewhat interrupted, tradition of medical care in Egypt.¹⁹ It was clear in Clot Bey's mind that whereas previous hospitals in Egypt were places for the internment and treatment of the sick, often supported by lavish donations from sultans and emirs, his hospital was to be different in one crucial respect: in addition to being a hospital, Qasr al-'Aini was also to function as a place where the new students were to learn medicine. From the earliest days of its history Qasr al-'Aini gave these new students the

¹⁸ LaVerne Kuhnke, *Lives at Risk, Public Health in Nineteenth-Century Egypt* (Cairo: American University in Cairo Press, 1992), p. 35.

¹⁹ Clot Bey, *Kunûz al-Sihha [Treasures of Health]* (Cairo: Bulaq, 1271 AH/1854 AD), pp. 4-6. By the end of the nineteenth century this book went into more than seven different editions, some of them commercial ones.

opportunity to observe patients closely and to record and describe carefully the cases that their professors were treating. As a result of this concern with monitoring and recording medical cases and tracing their histories, there developed towards the end of the nineteenth century, an expansive and detailed corpus of medical knowledge that was set down in hundreds of books and a handful of medical journals.

This connection between medical observation and the new precise language that describes the subject of this observation does not, in and of itself, distinguish what Foucault calls "clinical medicine" from its preceding "standard" type practiced in the classical age. "The principle that medical knowledge formed for itself at the very bedside of the patient"²⁰ is an old principle and, in Egypt, it predated the formation of the Qasr al-'Aini Hospital. However, what makes the kind of medicine taught and practiced in Qasr al-'Aini significantly different from previous types of medicine practiced in Egypt were three aspects which can be identified as a. the nature of disease, b. the effect of the medical gaze, and, c. the new patient-doctor relationship.

Disease As Organic Damage

Arabic medical theories predominant around 1800 derived their notions of disease from a Galenic-Islamic tradition which saw illness as a result of an

imbalance of the four humors of the body: hot, cold, moist and dry. The primary elements in the balance were blood, mucous, yellow bile, and black bile, respectively, matters of the four humors. An individual had a characteristic humoral balance manifested as a sanguine, phlegmatic, choleric, or melancholic temperament according to the predominant humor. When illness struck, the balance was upset and the doctor's role was to correct it.²¹

In contrast to this view of the nature of disease, Clot Bey in his widely-circulating book mentioned above was insisting that disease arose out of completely different causes.

²⁰ Michel Foucault, *The Birth of the Clinic* (New York: Vintage, 1973), p. 54.

²¹ Nancy E. Gallagher, *Medicine and Power in Tunisia, 1780-1900* (Cambridge: Cambridge University Press, 1983), p. 10.

Disease is a condition contrary to health that arises from one or more organs of the human body undergoing a change which in turn results in a deficiency in the function of this or these organs.... The causes of some diseases are known, while others are unknown... [but] every disease has its symptoms that signify its presence.... Some people delve in the nature of disease [only] by guessing. Some say it is caused by an increase or a deficiency in the humors.... Some say it is due to unknown miasmas. The sane person, however, has to reject these views and to know that the human body is composed of liquids and solid substances, the latter being more numerous. It has been determined by experiment that most diseases originate in the solid parts and only rarely in the liquids. Even when the liquids undergo some change, this change is not independent, but is a result of a change already undergone in the tissues. It has to be known, therefore, that it is the solid parts that are affected by disease, and not the liquids.²²

It is this new definition, of disease being located in the organs of the human body, that signifies a crucial break with classical Muslim medicine as represented in the works of Ibn Sîna (Aveenna), for example. Since in classical medicine disease was conceived as having a pure uncontaminated essence that only happened to visit the human body upsetting its humoral balance, the task of the doctor was to detect the symptoms of this imbalance so as to restore the body to its previous balanced, healthy state. In so doing, the doctor had to understand from its symptoms that had been exhibited on the patient's body the disease's essential nature and then place it in the general classificatory scheme that related all these essences together. In contrast, Clot Bey, could make sense of disease by linking it to an organ's malfunctioning. As a result of an organ being affected, its performance changes, which, in turn, affects other organs, giving rise to the symptoms through which the disease can be detected. Following Bichat's studies of pathology, Clot Bey could only see disease as inherent in the human body and not alien to it. The doctor's task in this new grid of knowledge is to understand the cause of the organ getting affected in the first place, a task which lies at the center of the new art of anatomy. "Before going through diseases," Clot Bey states early on in his book, "we have to start by defining the different parts that constitute the human body, know the functions of each part in its healthy condition, where and how these parts fit in the

²² Clot Bey, *Kunûz*, pp. 155-159.

human body and how they relate to each other."²³ Disease, therefore, ceased to be seen as having some objective essence and is now to be sought and understood by being localized in the organs of the body. Hence the notion of "disease as less an entity attacking the organism than a phenomenon of the organism itself."²⁴

Given this new stress on localizing diseases inside the body, it is easy to understand the importance of dissection and Clot Bey's insistence on it in his school: "*sans anatomie point de médecine*," he said.²⁵ In contrast to the earlier medical view that grouped different diseases together in classificatory tables based on their essential similarities and which also held life and disease to be mutually exclusive terms, the new medical science that Clot ascribed to insisted on the individuality of diseases and, what is equally important, understood illness from the standpoint of death. "It is in death—on the dissecting table—that the individuality of diseases is finally isolated; and it is on the basis of findings in corpses that the course of diseases within living individuals can ultimately be known."²⁶

The New Medical Gaze

Although observation of the body of the patient was a central feature of classical medicine, what was being observed as well as the way these observations were linked to each other, were both essentially different from the observation and recording done by the modern doctor. His was essentially a piercing gaze that was directed to the body organs in an attempt to causally link the symptoms witnessed on the surface of the body to the underlying malfunctioning organs. But that was not all, and there was more to this medical gaze than, to wit, meets the eye. For the expanding corpus of medical literature that grew out of the patient, laborious, qualitative description of cases was both a "way of seeing" and a way of saying,"²⁷ and a new medical discourse was brought into being, a discourse which had the

²³ Ibid., pp. 15-16.

²⁴ Thomas Osborne, "On anti-medicine and clinical reason," in *Reassessing Foucault: Power, Medicine and the Body*, ed. Colin Jones and Roy Porter (London and New York: Routledge, 1994), p. 40.

²⁵ A.-B. Clot, *Mémoires*, p. 71.

²⁶ Osborne, "On anti-medicine," p. 37.

²⁷ Ibid., p. 34.

effect of nothing less than "fabricating" the body. By this is not meant, obviously, that bodies did not exist before anatomical medicine had appeared in the late eighteenth century in Europe or its implantation in Egypt in the first half of the nineteenth century. Rather, what is meant is that the body was henceforth conceived of in a radically different manner: a body thought of as healthy only when its humors are in balance is a fundamentally different one from that thought of as composed of organs which carry within them their very mortalism.

Furthermore, there is another sense in which modern medicine can be said to have fabricated the body, and that is by stressing its individuality. As in prisons, the bodies of the modern hospital inmates are subjected to a careful and meticulous observation that established their uniqueness and individuality. Unlike the previous medical system that insisted on looking at similarities and common patterns through which diseases could be classified and identified, anatomico-clinical medicine as practiced in Qasr al-'Aini and in other modern hospitals stressed the peculiarity of different bodies and highlighted their uniqueness. It is this characteristic stress on the singularity or particularity of diseases that distinguishes modern medicine from the earlier medical systems. As Foucault put it in his classic *The Birth of the Clinic*:

For the first time, the anatomico-clinical method integrates into the structure of the illness the constant possibility of an individual modulation ... The diseases... has, from the outset, a latitude of insertion, intensity, and acceleration that forms its individual figure.²⁸

The medical gaze, therefore, is constitutive of the human body not only by "seeing" it as composed of organs in which disease and, indeed, death inhere (as opposed to being composed of humors whose balance guarantees its health), but also of "saying" that no two illnesses, and by extension, no two bodies are similar.

²⁸ Michel Foucault, *The Birth of the Clinic: An Archeology of Medical Perception* (London: Tavistock, 1973), p. 168.

New Role of the Doctor

As a result of this new definition of disease being a malfunctioning of one or more organ of the human body, a new theory of the way diseases spread came to be generally accepted in the nineteenth century. Until around 1800 epidemics were suspected to spread as a result of three general causes: miasmas, thought of as "bad air" helping to spread fumes arising from putrefying matter or decomposing bodies; contagion, which was suspected to be a material from the infected person that helped in the spread of disease; or astral influences that were linked to planetary actions and which were mysteriously thought to influence the course of events and the spread of disease.²⁹

In addition to these three general causes of the spread of disease, medieval Muslim doctors did not rule out that disease might also be caused by a wrath of God to punish sinners and wrongdoers. Al-Antaki (d. 1599), for example, believed that plague was a punishment for hypocrites and infidels. At the same time he saw the most likely victim among those hypocrites as he whose humors were not in balance. "He then recommended bleeding the plague-stricken individual. The patient was to abstain from hot foods such as meat, which caused increased circulation of the blood, and was to eat cool foods such as fruits instead."³⁰

Before the apotheosis of anatomical medicine in Europe in the eighteenth century and in Egypt later in the nineteenth century, medical organization suffered from a big gulf between physicians with a classical education in Galenic, textual-based medicine, and surgeons, who acquired their training by performing surgeries and anatomies. While both surgeons and physicians were united in their disdain of the ignorant barbers, they were essentially in bitter conflict over how best to practice medicine. Physicians continued to look down on surgeons as little better than butchers who lacked the necessary knowledge derived from classical texts about how the human body worked whereas surgeons lashed out at the elitist, impractical medical knowledge that physicians were applying. Significantly, this rift was reflective of a crucial difference in the social standing of both types of medical practitioners with physicians charging higher rates and

²⁹ Gallagher, *Medicine and Power*, p. 11.

³⁰ Ibid., p. 27.

depending on the patronage of the royalty and aristocracy, while surgeons were forced to organize themselves in guilds and, later, in fellowships to try and carve out a place for themselves in their societies. With the firm establishment of anatomy and the founding of colleges for physicians in the sixteenth century this rift ended and doctors had to base their education on dissection. With the professionalization of medicine it was, of course, the barber-surgeons who lost out to the new doctors; these losers were suddenly depicted as charlatans, quacks or hucksters. As a result of "aristocratic nepotism and patronage being challenged by bourgeois ideals of merit and achievement, the [medical] profession could collectively aspire to higher status and individual practitioners could hope for success in a career open to talent."³¹

Nineteenth-century Egypt witnessed similar developments, albeit at a much more rapid pace and with much more dramatic outcomes than were witnessed in north Western Europe. What took more than three centuries to be accomplished in Europe, took less than three generations in nineteenth-century Egypt. Very rapidly, and as pointed to above, old views on the spread of disease, which were based on the humoral conception of its nature, were giving way to an altogether different conception of disease and sickness. Concurrent with the new scientific breakthroughs was a new social position that the doctor came to occupy. From being a medical practitioner, who in "pre-modern" times appeared as a special individual with mystical, esoteric knowledge and who also had a semi-religious, or at any rate, ethical, authority that allowed her/him to practice the art of healing, the doctor's social role in Egypt drastically changed with the appearance of anatomo-clinical medicine. To trace this changing position of doctors in Egyptian society it is probably best to follow the shifting conceptions regarding the nature, means of spreading, and ways of treating a particular disease, namely syphilis.

European medical thought in late medieval times suspected that syphilis was caused by astrological influences as well as by excessive and sinful practices. It was believed, for example, that the "conjunction of Saturn and Jupiter under the sign of Scorpio and the House of Mars on 25.XI.1484 was the cause of the carnal scourge.... The sign of Scorpio, which rules the

³¹Porter, *The Greatest Benefit to Mankind*, p. 348.

genitals, explains why the genitals were the first place to be attacked by the new disease."³² At the same time, syphilis was seen as a punishment from God for excessive lust and sinful sexual intercourse. "Some refer the cause of the disease to God, Who has sent it because He wants Mankind to shun the sin of fornication."³³

In Egypt, syphilis does not seem to have been thought to spread as a result of sidereal influences. However, the name by which it was known, *frengi* (the Frankish disease), besides referring to its previous European name, *morbus Gallicus*, also suggests that it was widely believed to have spread by contact with Europeans in the different Egyptian sea-ports. European travelers in Egypt in the eighteenth and nineteenth centuries often commented on its being spread among all classes of society and there does not seem to have been an effective cure in which people believed. Moreover, syphilis does not appear to have been responsible for stigmatizing those afflicted with it by fatefulness or sinfulness. "The Egyptian native has less shame than an European patient in confessing to syphilis."³⁴ Al-Jabarti even mentions the case of a certain shaykh who was in charge of the *waqf* (endowment) of the Hussayn Mosque in Cairo (a very important and popular mosque in the center of the city) and who was afflicted with the disease. He took a public oath upon himself to support the annual *mawlid* (Saint's Day) of Hussayn from his own money if he recovered from the ailment. When he was "somewhat cured" he fulfilled his oath by supporting the *mawlid* for ten years.³⁵

In the absence of any clear idea about the nature of the disease, popular medicine was at a loss as to how to treat it. Among the most popular dressings were Nile mud, the outer peel of an onion, or a leaf, all of which were applied directly on the chancres.³⁶ This did not prevent people from seeking the assistance of certain individuals who were thought of as capable

³² Iwan Bloch, *Der Ursprung der Syphilis* (Jena: Fischer, 1901-11), I, p. 26; quoted in Ludwick Fleck, *Genesis and Development of a Scientific Fact*, trans. Fred Bradley and Thaddeus J. Trenn (Chicago: University of Chicago Press, 1979), p. 2.

³³ Bloch, I, p. 17; cited in Fleck, *Genesis*, p. 3.

³⁴ F. C. Madden, "Syphilis in Egypt," *Records of the Egyptian Government School of Medicine*, 1 (1901), p. 208.

³⁵ Jabarti's description verges on being that of an orgy not a *mawlid*; Abd al-Rahman al-Jabarti, *'Aja'ib al-Athar fi al-Tarajim wa al-Akhbar* (Cairo: al-Matba'a al-'Amira, 1904), III, pp. 41-42.

³⁶ Madden, "Syphilis in Egypt," p. 203.

of completely curing the ailment. There was a certain Hajj Ahmad, for example, who lived in the village of Balkamuna in Gharbiya in Lower Egypt and who, after deciding that a particular patient was indeed afflicted with the disease, "immediately uncovers [him], splits the flesh of his back and extracts from it pieces of the muscle or the sinews. He then sprinkles over the wound certain powders, the best known of which is blue tutty (sulphate of copper)."³⁷

With the advent of clinical medicine, this technique of treatment was deemed to be imprecise and ineffective and other more unreliable techniques were sought. As early as 1826, Mehmed Ali wrote to his agent in Istanbul asking him to find a doctor capable of dealing with scabies and venereal diseases since, as he said, "although we have doctors who are clever in dealing with a variety of diseases, we lack doctors knowledgeable about treating these two ailments."³⁸ It is not clear if these doctors did indeed arrive from Istanbul; if they did arrive, however, then they certainly proved ineffective in dealing with the alarming spread of skin diseases among Mehmed Ali's soldiers. A couple of months after the outbreak of the Syrian Campaign in 1831, scabies and syphilis were high on the list of diseases prevalent among the soldiers in Mehmed Ali's army.³⁹ The hospitals in Syria could not cope with their rapidly increasing numbers and a lot of the patients had to be sent back to Egypt for treatment.⁴⁰ On conducting a particular medical examination, the number of patients afflicted with syphilis was equal to the number of all other patients put together.⁴¹ Recognizing the seriousness of the situation Mehmed Ali had to order his nephew, Ahmed Pasha Yakan, to supervise the process of medical checkup of the soldiers.⁴² Eventually, and as evidence that these two ailments received particular care, the pre-printed daily reports of the

³⁷ Abd al-Rahman Ismail, *Tibb al-Rukka*, trans. John Walker (London: Luzac, 1934), pp. 23-4.

³⁸ Dār al-Wathā'i'q al-Qawmiyya (Egyptian National Archives, hereafter abbreviated as DWQ): Ma'iyya Saniyya, Turkī: S/1/50/6/493, on 11 Rabī II 1242/12 November, 1826.

³⁹ *Al-Waqā'i' al-Misriyya*, issue # 334, on 29 December, 1831, quoted in Kuhnke, *Lives at Risk*, p. 135.

⁴⁰ DWQ: Sham 1/27, on 20 Jumādā II 1247/26 November, 1831.

⁴¹ DWQ: Sham 3/101, on 10 Sha'bān 1247/14 January, 1832.

⁴² DWQ: Abdin S/5/51/2/62 on 30 Shawwāl 1247/1 April, 1832.

hospitals in Syria had separate entries for them in which the head of the hospital (*nāzir al-isbitalia*) had to fill in the number of soldiers afflicted.⁴³

Faced with an ever-increasing number of soldiers afflicted with syphilis Clot Bey had to write a special treatise about the subject.⁴⁴ Translated into Arabic, the treatise took the form of a personal letter from the chief physician of the army to each regimental doctor. It was printed at the Army Press and sent to all Egyptian regimental doctors informing them in detail how to treat the disease. It started by saying that "it has lately been reported that a big number of soldiers had been afflicted with scabies and syphilis, which are highly contagious. It is feared that if no strong and effective measures are taken, they will spread even further."⁴⁵

The first article went on as follows:

On receiving this letter you must have an examination of all the men whose health you are required to look after, officers, non-commissioned officers and soldiers. Those afflicted with one of those two diseases [i.e., scabies and syphilis] have to be set aside, and particular care has to be given to those afflicted with syphilis. You have to check their genitalia, their anuses and their mouths for signs of the disease. This examination is to be conducted once every week.⁴⁶

The treatise proceeded to tell the regimental doctors how precisely to examine the bodies of the soldiers, how to prepare a special ointment for treatment and finally how to apply this ointment on the soldiers' genitalia.⁴⁷

In the Second Section of his *Treatise*, Clot Bey set out a method that he thought would be sufficient to control the spread of syphilis through prevention rather than cure. It had to do primarily with the health condition of the women's lodgings and their bodies. He said that the wives of the soldiers of each regiment were to be divided into four sections. Each one of these sections was to be composed of the wives of the soldiers of each battalion within the regiment. They had to be set aside and examined by the

⁴³ As examples of these pre-printed reports see, DWQ: Sham 7/78, on 11 Muharram 1248/11 June, 1832, and Sham 10/150, on 17 Rabī I 1248/14 August, 1832.

⁴⁴ A. B. Clot Bey, *Risāla min Mashūrat al-Sihha ilā Hukamā' al-Jihādiyya* [A Treatise from the Health Department to the Physicians of the Army], (Cairo: al-Jihādiyya Press, 1835).

⁴⁵ Clot-Bey, *Risala*, p. 1.

⁴⁶ Ibid., p. 2.

⁴⁷ Ibid, articles 3-8, pp. 2-5.

wives of the doctors in charge of the men of the corresponding battalion. The doctors had to teach their wives how to discover signs of syphilis in the women they had to examine and the women doctors had to report to their husbands their findings every Thursday after each examination.⁴⁸

What is significant about this *Treatise* is the power it gave to the regimental doctors to have a semi-absolute control over the soldiers' bodies.⁴⁹ When these regimental doctors conducted their medical inspections, the soldiers found their bodies minutely examined and closely inspected. The detailed nature of these inspections is clearly reflected in the reports sent by these doctors from the various regiments of the army to the Health Council (*Shûrâ al-Atibbâ*) in Cairo. The following is a typical report about an inspection conducted by the doctor of one of the regiments fighting in Syria.

At eight o'clock on Thursday 3rd of Sha'bân, 1247, [7 January, 1832] on investigating the soldiers of the eight companies of the first battalion of the Guards Regiment, no disease was discovered among the musicians of the companies (*musicilerde hasta yoktur*). Their tents were also found clean and warm. However, the sergeant major of the fifth company had hurt the thumb of his left hand while pulling a cannon. It was also discovered that a thorn had penetrated the skin between the fourth and little toes of the right foot of the fifth corporal of the same company causing an inflammation.... One of the soldiers under the eighth corporal of the first company of the second battalion of the same regiment had the skin of his right ankle scratched as a result of his [tight] shoe rubbing against it.... On seeing signs of syphilis in the mouth of the sixth corporal of the seventh company of the third battalion of the same regiment his major was ordered to send him to hospital to prevent the spread of the disease....⁵⁰

Back in Cairo, the patients interned in the syphilis ward in Qasr al-'Aini Hospital found their bodies and their dignities similarly violated. On visiting the ward in 1849 Flaubert had this to say:

....Kasr el-'Aini Hospital. Well maintained. The work of Clot Bey--his hand is still to be seen. Pretty cases of syphilis,... several cases have it in

⁴⁸ Ibid., Section Two, Art. 1, p. 6.

⁴⁹ See also a similar blueprint for setting down the duties and the powers given to the school doctors, Clot Bey and Dr. Ditoush, *Tanbihât Takhuss al-Rawâtib min Hukamâ' al-Makâtib* [Regulations Concerning School Doctors] (Cairo, n.p.: 1836).

⁵⁰ DWQ: Sham 3/115, on 7 Sha'bân 1247/11 January, 1832.

the arse. At a sign from the doctor, they all stood up on their beds (it was like army drill) and opened their anuses with their fingers to show their chancres. Enormous infundibula....⁵¹

Part of the power that these doctors had, it is true, was derived from the fact that they were army doctors entrusted by the state to preserve the health of the soldiers and prevent the spread of highly contagious diseases in the army. But to a larger extent it is also true that these new powers that doctors came to exercise over the bodies of the patients reflected the shifting definition of disease mentioned above. With the rise of anatomo-clinical medicine, the ethical-mystical powers that doctors had had were replaced by a scientific, objective and supposedly disinterested concern with the health of the patient. Contrast, for example, the manner mentioned above in which syphilis is reported to have been treated by popular medical men with the formula suggested by a certain Dr. Lambkin and in wide use in the Qasr al-'Aini Hospital towards the end of the nineteenth century: 3.5 gm of mercury, 7 gm of lanoline and 25 gm of carbolic acid, "ten minims of this cream are to be injected in the buttocks once a week."⁵²

Empowered with the newly coined, precise language of pathology and anatomical medicine the doctor came to assume a new position of power in society and was given nearly unlimited authority to watch, record and treat the patient. In place of the ethical and semi-magical powers that the quacks rested their medical knowledge on, the new doctors graduating from and working in the Qasr al-'Aini Hospital were treating the sick only in virtue of their detailed and laboriously acquired knowledge of curing diseases. Yet behind this supposedly disinterested concern of the doctor in the health of the patient lay two important transformations that defined the doctor's position in society. The first is that the doctor had decisively gained the upper hand in the doctor-patient relationship. With the rise of clinical medicine with its concurrent institutions of hospital, medical diplomas, and stethoscope, doctors were able to dominate, subjugate, and objectify the body of the patient and the patient lost the control he/she might have had in

⁵¹ G. Flaubert, *Flaubert in Egypt, A Sensibility on Tour*, trans. and ed. Francis Steegmüller, (Chicago: Academy Chicago Press, 1979), p. 65.

⁵² Madden, "Syphilis in Egypt," p. 206.

the age-old encounter with the medical practitioner.⁵³ The second transformation, not less important, had to do with the moral standing of the new doctor. In addition to the newly coined objective medical discourse that empowered the doctor and gained him⁵⁴ the upper hand vis-a-vis his patient, doctors took it upon themselves to pass a new moral message on to their patients, a role that augmented their already enormous scientific powers and new social standing. Dr. Madden, for example, the author of the article on syphilis quoted above and who was Professor of Surgery in the Qasr al-'Aini Hospital in 1901, did not confine himself to speaking "scientifically" about the symptoms and cure of the disease; because he regarded syphilis to be as widespread in Egypt as influenza was in England,⁵⁵ he had to explain why this was the case. This he saw was the result of "promiscuous aggregation of the people and to the facility of divorce."⁵⁶ In a similar fashion, Clot Bey had previously seen that venereal diseases were widespread in Egypt because of the high rate of prostitution in Egyptian cities, which in turn he attributed to the high rate of divorce and the "voluptuous temperament of Egyptian women."⁵⁷

It was the Egyptian doctors, however, most of them graduates of Qasr al-'Aini, who clearly assumed this moral authority when speaking about medical and health matters. These Egyptian doctors, comprising an important element of the rising new middle class in Egypt, found themselves sandwiched between the Turco-Circassian aristocratic elite and the majority of the fellah population.⁵⁸ Beneath the new and supposedly

⁵³On the crucial question of the doctor-patient relationship in the production of medical knowledge and the practice of medicine see I. Waddington, "The role of the hospital in the development of modern medicine: a sociological analysis," *Sociology*, 7 (1973), pp. 211-24; and N. Jewson, "The disappearance of the sick man from medical cosmologies: 1770-1870," *Sociology*, 10 (1976), pp. 225-44.

⁵⁴For the significant role played by female medical practitioners in nineteenth-century Egypt see Khaled Fahmy, "Women, medicine and power in nineteenth-century Egypt," in Lila Abu-Lughod, ed., *Remaking Women: Feminism and Modernity in the Middle East* (Princeton, Princeton University Press, 1998), pp. 35-72.

⁵⁵Madden, "Syphilis in Egypt," p. 208.

⁵⁶Ibid., p. 207.

⁵⁷Antoine B. Clot-Bey, *Aperçu general sur l'Égypte* (Paris: Fortin, Masson, 1840), I, p. 336.

⁵⁸On the ethnic background of the graduates of Qasr al-'Aini School and the social milieu they had to function in see Khaled Fahmy, "Anatomy of Justice: Forensic

objective and scientific language they used in their work, which replaced the mythical-ethical language of the popular medical practitioners, lay a language which was not devoid of strong moral overtones and which was used to justify their new social positions. We have already seen Abd al-Rahman Isma'il writing a two-volume book trying to "scientifically" refute the prescriptions and the entire practice of what was, by his time, seen as illegal practitioners. He also wrote a book commissioned by the Minister of Public Instruction which went into five printings in less than ten years and which was concerned with the moral and health practices of school children.⁵⁹ Dr. Gorgy Sobhi, also of Qasr al-'Aini Hospital, wrote an article titled "Customs and superstitions of the modern Egyptians connected with pregnancy and childbirth" which in its meticulous description of these customs implicitly condemns them as being archaic and unscientific.⁶⁰ All these doctors were not only concerned with the health of their patients but also with that of the entire Egyptian nation and were equally interested in preserving its moral fabric.⁶¹

The shifts in medical science, together with the accompanying changes in the relative social positions of doctors mentioned above, were both part of wider political and economic changes the Egyptian society was undergoing in the nineteenth century. At the center of these changes was a new role of the state, a state which became more active and intrusive than it had ever been in the long history of Egypt. Concerning medical matters, the physical well-being of the population in general and not only the poor or the marginalized sick became one of the objectives of the state starting from the reign of Mehmed Ali. Cities were being opened up, cleared, and reorganized along modern, hygienic lines; larger and larger numbers of children were vaccinated against smallpox; ambitious health blue-prints

medicine and criminal law in nineteenth-century Egypt," *Islamic Law and Society*, 6 (1999), pp. 269-70.

⁵⁹Abd al-Rahman Isma'il, *al-Taqwimat al-Sihhiyya 'ala al-'Awa'id al-Misriyya* (Cairo: Bulaq, 1903). On Isma'il, see Timothy Mitchell, *Colonising Egypt* (Berkeley: University of California Press, 1991), pp. 99-100.

⁶⁰Gorgy Sobhi, "Customs and superstitions of the modern Egyptians connected with pregnancy and childbirth" *Records of the Egyptian Government School of Medicine*, 2 (1904), pp. 101-106.

⁶¹See Muhammad 'Alî Pasha al-Baqlî's article on rural health published in the medical journal that he edited, *al-Ya'sûb*, issue # 29, on 4 Jumâdâ I 1285/23 August 1868, pp.15-16, where this idea is explicitly stated.

were set down for the filling of stagnant lakes, moving cemeteries to safe distances from cities, providing health facilities to rural centers and opening more hospitals and clinics in the cities. In short, by the mid-nineteenth century, and clearly by the end of the century, health and the well-being of the population became a clear objective of the state.

In more than one way, therefore, the kind of medicine practiced in Egypt in the nineteenth century was qualitatively different from that practiced previously. In terms of the theoretical and epistemological grounds on which it was based, the nature of disease and of death that it espoused, the social background of the doctors practicing medicine, as well as the nature and extent of the health policies that the state was undertaking there is, in fact, enough ground to conclude that nineteenth century Egyptian medicine was fundamentally different from that taught and practiced before.

Receiving Medicine

If by checking how medicine was *produced* in nineteenth-century Egypt one can see a rupture that separated that medicine from the one which was practiced before, can one also detect a rupture if one shifts one's analysis to how it was *received*? In other words, how would the story of medical reform appear if viewed from the perspective not of doctors but of patients? Specifically, how did the public view hospitals, vaccination, the new doctors, and the plethora of medical practices that the Khedival state was sponsoring? In what follows, and for brevity's sake, I concentrate on only one aspect of public reaction to modern medicine, namely, hospitals.

In 1846 the *Shūrâ al-Attibâ*, the health council that Clot Bey headed and which supervised most health matters, decreed that all patients afflicted with serious diseases and who could not afford the cost of treatment at home should be

forcefully admitted to hospital [*yujbarû 'alâ idkhâlihîm fî'l-isbitâliyya*] for treatment... since all are slaves of the *Walî al-Nî'am* [the Benefactor, as Mehmed Ali was often referred to] and the hospital is one of his merciful [institutions] intended for all. Those who can afford to treat themselves at

home are to be permitted to do so. Finally, those who need to be operated on should be sent to Qasr al-'Aini.⁶²

No sooner had this decree been issued than it was discovered that it was impossible to send people to be treated in hospitals against their wish.⁶³ Technically, to be admitted to hospital (or discharged therefrom) one had to present a petition (*'ardahâl*) to the Governorate of Cairo (*Muhâfazat Misr*) which acted as a ministry of interior and which supervised medical institutions after the War Department (*Dîwân al-Jihâdiyya*) had ceased to supervise them in the early 1850s. Alternatively, the Police Headquarters of Cairo (*Zabtiyyat Misr*) was also approached for the same reason. By studying the records of *Muhâfazat Misr* and those of *Zabtiyyat Misr* one can have a fair idea of how often people approached the public hospitals and the clinics that were established in the urban centers.

In general, the records show that in most cases people patronized the hospitals only when they had been afflicted with very serious diseases that would require a long time for treatment or, alternatively, when they needed urgent treatment from serious wounds they had received as a result of accidents. The main disease cited in the petitions as the reason why people voluntarily wanted to be admitted to hospital was syphilis. This was the case, for example, of Hajj Sulaymân al-Qahwajî of Kûm al-Shaykh Salâma of Azbakiyya in Cairo. His petition to be admitted to hospital was accepted and an order was issued from *Muhâfazat Misr* to the Qasr al-'Aini Hospital to "treat him, and when he is cured to release him as is the custom."⁶⁴ Syphilitic men from outside Cairo would come to the city and proceed to the Cairo Police Headquarters in Azbakiyya, the *Zabtiyya*, where the resident doctor would conduct a check-up diagnosing the illness and issuing an '*ardahâl* to the Hospital to accept the said person.⁶⁵ Syphilitic women also went voluntarily to the *Zabtiyya* asking for a checkup, which would be done

⁶²DWQ: Dîwân al-Jihâdiyya, reg. no. 437, doc. no. 6, p. 46, 6 Dhû al-Qi'da 1262/26 October 1846.

⁶³DWQ: *ibid.*, doc. no. 97, p. 67, 97 Muharram 1263/24 December 1846.

⁶⁴DWQ: *Muhâfazat Misr*, Reg. L/2/11/10 (old no. 526), letter no. 42, p. 90, 2 Muharram 1279/30 May 1862.

⁶⁵DWQ: *Muhâfazat Misr*, Reg. L/2/11/12 (old no. 565), letter no. 4, p. 5, 25 Rabî' I 1279/21 September 1862. This was the case of Hassan 'Abd al-Wahhâb from Abû Shneita, Minûfiyya.

by the resident *hakîma* (female doctor), and they would then proceed to Qasr al-'Aini with the stamped *ardahâl*.⁶⁶ Prisoners who were discovered to be syphilitic while still in custody were also regularly sent to the Qasr al-'Aini for treatment.⁶⁷

Besides the not too frequent need to be treated from serious illness, people sometimes approached police stations (which always had a resident male and a female medical practitioner ready at hand) requesting admittance to hospital to be treated for wounds or burns. However, most of those who came voluntarily were seeking a quick prescription and were unambiguously refusing to be fully admitted to the hospital, i.e., they could best be described as out-patients.⁶⁸ Their numbers were so high that a room had to be constructed specifically as an out-patient clinic in Qasr al-'Aini.⁶⁹ Still, even people with serious wounds or burns preferred treatment at home (which meant that they had to pay for the physician's fee) to being admitted to hospital (which was ostensibly free).⁷⁰ For example, when Mis'ira who

⁶⁶DWQ: Muhâfazat Misr, Reg. L/2/11/10 (old no. 526), letter no. 53, p. 193, 17 Safar 1279/14 August 1862. On the role of *hakîmas* in conducting check-ups on women for different reasons, see Fahmy, "Women, medicine and power."

⁶⁷DWQ: Muhâfazat Misr, Reg. L/2/11/12 (old no. 565), letter no. 2, p. 5, 23 Rabî' I 1279/19 September 1862.

⁶⁸DWQ: Muhâfazat Misr, Sâdir Riyâsat al-Isbitâliya, Reg. L/1/4/3 (old no. 457), letter no. 26, p. 65, 20 Shawwâl 1281/19 March 1865.

⁶⁹DWQ: *ibid.*, letter no. 375, p. 67, on 20 Shawwâl 1281/24 March 1865.

⁷⁰There was a discrepancy between the Cairo and the Alexandria Hospitals in this respect. The Cairo Hospital was deducting 40 piasters monthly from the salary of admitted soldiers for the duration of their stay in hospital (this was according to an 1863 ordinance from the War Department); those public officials who had less than 500 piasters monthly salary would be exempt, but those who had higher salaries would have two-thirds of their salary deducted if they were afflicted with normal disease; if they were afflicted with syphilis, on the other hand, they would have five-sixths of their salaries deducted. The order went on to add that convicts (*majnûhîn*) and those who willingly come to hospital for treatment were to be admitted freely; whereas those who were injured as a result of a proven beating from others, then those who caused the injury would pay the hospital expenses. In contrast, the Alexandria hospital made a distinction between poor patients and those who could pay (*muqtadirîn*), those latter would pay six piasters daily for each day they spent in the hospital. The Privy Council, Majlis al-Khusûsî, on seeing the discrepancy between both hospitals decided that the Cairo hospital should follow the principle applied in the Alexandria hospital in making a distinction between poor and rich patients. Factoring in inflation, it decided that the daily fee would be raised from six to eight piasters. See DWQ: Majlis al-Khusûsî, Reg. 11/8/10 (old no. 73), Order no. 34, pp. 84-85, 28 Rabî' II 1284/ 30 August 1867.

lived in Sukkariyya, Cairo, was run over by a speeding carriage on her way to the market, she was sent to the hospital to treat her broken leg. However, her daughter, Zannûba, soon presented a petition to have her mother discharged and sent back home.⁷¹ Another case involved Ahmad ibn Ahmad who had a gunshot wound in his right forearm. After spending some time in hospital, he insisted (*lahha*) on being discharged. Two months later, he came back to the hospital with a deteriorated wound. This time, the hospital could not force him to stay but tried to urge him to check in daily and have his wound looked at.⁷² In yet a more dramatic case, a young boy from Alexandria called Rizq b. al-Sayyid, accidentally set fire to his clothes while playing with matches. When the mother came in from the market where she had gone to buy bread for dinner and found her young boy on fire, she attempted to put the fire out. The local doctor was immediately summoned and on seeing that the boy had received third degree burns in the upper chest, the stomach, the thighs, the legs, and parts of the face, he urged the mother to send him to the hospital. She refused and asked the doctor to treat the boy at home. The boy got worse and the doctor's pleas did not convince the mother to send her son to hospital where he was to get better treatment. Ten days after the accident she was convinced and decided to send her son to hospital. By then, however, it was too late and the boy died before reaching the hospital.⁷³

What was behind this strong aversion to hospitals? By concentrating on Qasr al-'Aini Hospital, the main hospital in the whole country, and by uncritically accepting Clot Bey's testimonies, a recent study on the medical profession in Egypt deduced that that particular hospital was "more than another academic institution; it played a central role in the creation of a medical profession in Egypt, and thereby came to represent a center of civilization that was to have an enlightening effect on the country as a whole."⁷⁴ Given these and other recorded cases whereby the population of Cairo clearly comes across as resenting the hospital and very often avoiding

⁷¹DWQ: Muhâfazat Misr, Reg. L/2/11/10 (old no. 526), letter no. 30, p. 42, 23 Dhû al-Qi'da 1278/23 April 1862.

⁷²DWQ: Muhâfazat Misr, Sâdir Riyâsat al-Isbitâliya, Reg. L/1/4/3 (old no. 457), letter no. 17, p. 5, 15 Rabî' II 1281/17 September 1864.

⁷³DWQ: Zabtiyyat Iskandariyya, Reg. L/4/18/3 (old no. 1672), case no. 178, p. 120, 18 Muharram 1295/22 January 1878.

⁷⁴Sonbol, p. 21.

being sent there, how then can we understand the role played by this "center of civilization that... [had] an enlightening effect on the country as a whole"? Is it due to the fact that the people were lagging behind, not comprehending the enlightening efforts of the khedives and their medical advisors? Was the population clinging to an antiquated notion of medicine that they felt was challenged by the new kind of medicine practiced in the new hospitals and clinics? Or was the opposition to Qasr al-'Aini, instead, and as hinted to above, informed by how the people saw the hospital as an institution of power and control?

In order to understand why people resented the hospital so much we have to have a closer look, not at the neat and tidy blue-prints and manuals issued by Clot Bey or by his health officials in Alexandria, but rather at the petty records of the everyday functioning of the hospital and the adjoining school. It is here that one can have a glimpse at how the hospital and the school actually looked not at how they were supposed to function. (It has to be noted in this respect that relying on European travelers' accounts does not help much since the visits of these tourists were very often staged; i.e., the director of the particular ward was informed in advance of the visit, much akin to present-day Egyptian officials' "surprise" visits to public buildings and government agencies.⁷⁵)

The records of the everyday functioning of Qasr al-'Aini show an institution infested with problems that range from stinking filth and squalor, to lack of funds, to internal rivalry among doctors and the teaching staff. However, the most important factor that affected all medical institutions including the prestigious Qasr al-'Aini hospital was lack of administrative autonomy. The Health Council that Clot Bey headed, the Shûrâ al-Atibbâ, which was later called Riyâsat al-Isbitâliya, was not an independent government body: technically the Shûrâ was only a subdivision within the War Department (Dîwân al-Jihâdiyya) and later within the Department of the Interior (Dîwân al-Khidîwî, then Muhâfazat Mîsr). This meant that it crucially lacked financial independence. This is what explains the acrimonious and repeated correspondence of those in charge of the hospital asking for funds that they considered crucially necessary.

⁷⁵For how the entire medical establishment was used as a show piece for European visitors see Fahmy, "Women, medicine and power," pp. 38-41.

Consider, for example, the 1856 correspondence between the Shûrâ and the War Department asking for the allocation of urgent funds to undertake necessary repairs in the hospital. These included the fixing of windows in the patients' rooms, which, they went on to remind their superiors, had been left broken for three years, subjecting the patients to extreme cold in winter and to extreme heat and mosquitoes in summer.

In addition, [the letter went on to say,] most of the floor tiles are broken and it proves impossible [because of the broken windows] to maintain the cleanliness of the building. The director of the hospital had earlier written about this matter,... but everything has been forgotten.... Finally, the walls need to be repainted since the old paint is falling on the patients and on their bed sheets.⁷⁶

In another letter the Shûrâ complained of the main staircase in the building which had so many broken steps that people could easily injure themselves going up and down the stairs.⁷⁷ As early as 1848 complaints were regularly filed about the stinking smell that permeated the patients' rooms, a smell that became infamously known among the patients as the "hospital's odor ('*ufûnat al-mâristân*)."⁷⁸ Nine years later reports of the filth and the bad smell in the hospital, of beds with broken legs, and of torn, stinking bed sheets that were not changed after each patient's use were still being filed.⁷⁹

Another example of the unhealthy condition of the hospital had to do with what appears to have been a trivial matter but one which was central to the performance of the medical establishment and which was the subject of a voluminous correspondence, namely, the quality of surgical bandages used to dress wounds. In spite of having a special book translated and printed in the Bûlâq Press on that subject,⁸⁰ doctors were constantly complaining of

⁷⁶DWQ: Dîwân al-Jihâdiyya, Reg. 444, letter no. 12, pp. 28 and 31, 12 Dhû al-Hijja 1273/21 August 1856.

⁷⁷DWQ: *ibid.*, letter no. 27, pp. 5-6, 13 Jumâdâ II 1273/8 February 1857.

⁷⁸DWQ: Dîwân al-Jihâdiyya, Reg. 442, letter 10, p. 28, 29 Shawwâl 1264/28 September 1848.

⁷⁹DWQ: Dîwân al-Jihâdiyya, Reg. 444, letter no. 49, pp. 10-11, 20 Rajab 1273/17 March 1857.

⁸⁰Anon., *Al-Arbita al-Jirâhiyya* [Surgical Bandages], trans. Ibrâhîm al-Nabarâwî (Cairo: Bûlâq, 1839).

the bandages that were issued to them.⁸¹ In one letter Clot Bey wrote in desperation complaining of the quality of the bandages in Qasr al-'Aini Hospital.

Since the quality of bandages is considered to be one of the key issues in surgery, we have conducted an examination of these bandages used in the Hospital and found that they are very bad indeed. They were thick and dirty contaminating the wounds that they are supposed to dress....[T]hen he gives his explanation for this situation: [An order has been issued from the War Department to the Director of the Central Depot of Medicine to hand in used and semi-used [*nisf isf' mal*] cloth to the Chief Pharmacist accompanied by a stamped receipt. The Chief Pharmacist is then supposed to hand the cloth to the Chief Surgeon also accompanied by a receipt. The Chief Surgeon, in turn, is then to hand in the cloth to the Director of the Hospital who would then distribute it among the patients to make the bandages themselves. He is then supposed to collect them from the patients. In this manner the bandages would have already passed hands four times. This is against the Hospital regulations that should not be violated.⁸²

Given these filthy conditions prevalent in the hospital, it was not completely surprising that typhus broke out there in 1864-1865.⁸³ As a result of this epidemic a number of soldiers who had been sent to the hospital for circumcision suffered from serious complications after being operated on.⁸⁴ In one incident, a soldier by the name of Muhammad Muhammadayn nearly lost his penis as a result of an infection that was caused by the typhus

⁸¹See, for example, Diwan al-Jihadiyya, Reg. 437, letter no. 65, p. 87, on 4 Safar 1263/22 January 1847.
⁸²DWQ: Diwan al-Jihadiyya, Reg. 437, letter no. 152, pp. 73-4, on 12 Muharram 1263/1 January 1847. The Central Depot of Medicine, *Isbitaliyat al-'Umm*, appears to have been a central chemical storehouse from which medicine was issued on demand to the various hospitals and pharmacies.
⁸³DWQ: Muhafazat Misr, Sadr Riyasat al-Isbitaliyya, Reg. L/1/4/3 (old no. 457), letter no. 33, p. 7, 24 Rabi' II 1281/26 September 1864, where the disease is referred to as '*uḥṣna marisāniyya*, and *ibid.* letter no. 83, p. 15, 11 Jumada I 1281/12 October 1864, where it is referred to as '*ayfus*. It seems that the infection was so strong that a large number ('*adad 'azim*) of the orderlies and nurses died of it: *ibid.*, letter 45, p. 98, 19 Dha al-Hijja 1281/15 May 1865.
⁸⁴It is not clear why soldiers were regularly sent to the hospital for circumcision: DWQ: *ibid.*, letter 22, p. 5, 17 Rabi' II 1281/19 September 1864.

fever in the hospital, an infection that he had contracted after an apparently successful circumcision operation.⁸⁵

In addition to the typhus fever and to the filth and squalor characterizing the Qasr al-'Aini hospital that could only have given the hospital a bad name (and a bad odor) among the population of Cairo, cases of malpractice were also occasionally reported there. In one case a certain student "of the fifth rank" (all students were assigned military ranks) who had begun his education only a year earlier was secretly performing surgical operations in the hospital without obviously being qualified to do so.⁸⁶ In another incident allegations of malpractice were brought against Muhammad al-Shabāṣī, a very senior doctor and a member of the teaching staff of the School of Medicine. Al-Shabāṣī was one of the early doctors who had been sent to France in 1832. On his return to Egypt six years later he was appointed as Professor of Physiology and Anatomy, the most prestigious of academic positions in the newly founded Qasr al-'Aini School of Medicine; in the adjoining Hospital, he was in charge of the Venerable Disease Clinic. In this capacity it seems from the archival record that al-Shabāṣī's career was not particularly stellar, for he was trying to combine his fascination with dissection with his position as head of the Venerable Disease Clinic and it was rumored that he was practicing vivisection in his ward. In December 1847 he conducted an operation on the scrotum of one Ibrāhīm Agha al-Khazrajī, apparently without securing the patient's consent. Four days later the patient died. An investigation was conducted in the hospital which put the blame squarely on the dead patient. It said that the operation

was conducted according to principles, that the patient had given his consent prior to the operation, that he had been assigned two nurses [to look after him] day and night, and that the side effects (*al-'awārid*) that occurred after the operation were likely to happen even if the operation had been conducted by the most experienced surgeon (*a'zam jarrah*).

⁸⁵As a result of this case no more soldiers were sent for circumcision: *ibid.*, letter no. 564, p. 112, 19 Muharram 1282/15 June 1865. The full report on the damage done to Muhammad's penis and the medical measures taken to treat it is in DWQ: Muhafazat Misr, Sadr Riyasat al-Isbitaliyya, Reg. L/1/4/9 (old no. 458), letter no. 756, pp. 42, 44, 4 Rabi' II 1282/27 August 1865.
⁸⁶DWQ: Diwan al-Jihadiyya, Reg. 437, letter no. 11, p. 15, 24 Shawwāl 1262/16 September 1846.

Rather, [the report went on exonerating Shubâsî] the patient did not take good care of himself either by catching a cold or by eating [unsuitable food].⁸⁷

It seems, however, that there was more to it than the official report claimed because nearly three years later the case was brought to the attention of Khedive 'Abbâs. His response was to officially ban vivisection. Hinting at the possibility that the operation was used for instructional purposes, and that vivisection was commonly practiced in Qasr al-'Aini, the Khedive said that dissection operations ('*amaliyyât al-tashrîh*) were to be conducted only on dead bodies. His Order went on to stipulate that surgical operations were to be conducted only after the patient had consented and should not be conducted solely for the "advancement of [medical] training" (*tahsîl al-taqwiyya lil-sinâ'a*).⁸⁸

Given these cases of malpractice, given the bad condition of Qasr al-'Aini, and given the not very dignified treatment that patients were given when admitted to the hospital, it was natural for the population of Cairo to turn its back on this center of civilization and to seek medical assistance elsewhere. There are numerous incidents when the Shûrâ was bemoaning the fact that the population was patronizing what they judged to be unqualified doctors who were in the thousands and regrettably realized that people preferred to seek outside help rather than come to the newly established hospitals.⁸⁹

Enunciating Medicine

However, it would be erroneous to argue that medical reform in the middle of the nineteenth century had no impact on the population of Cairo or of Egypt at large. Government hospitals and public clinics might have been ignored or sidestepped by the average Egyptians, but people soon

⁸⁷DWQ: Dîwân al-Jihâdiyya, Reg. 440, letter no. 78, pp. 73, 79, 4 Safar 1264/13 January 1848.

⁸⁸DWQ: Diwan al-Khidîwî, Reg. S/2/18/1 (Old no. 654), Order no. 1, pp. 140-142, on 3 Muharram 1267/8 November 1850.

⁸⁹DWQ: Dîwân al-Jihâdiyya, Reg. 437, letter no. 3, p. 2, on 23 Ramadân 1262/15 August 1846. This was a case of a patient who had been operated on by a doctor outside Qasr al-'Aini. As a result the patient went completely blind. The Health Council said that regrettably, nothing could be done.

discovered that their bodies were literally touched by numerous other health and hygienic institutions that left few aspects of daily life unaffected.

The hundreds of doctors who graduated from Qasr al-'Aini were appointed not only to the adjoining school and to the health offices in urban centers, but also to the various government institutions that Mehmed Ali had founded. Chief among these institutions were the large army and navy that the Pasha had created to secure his tenure as governor of Egypt. These young doctors were also sent to the factories, schools, dockyards and government establishments that had been erected throughout Egypt. Most importantly the young graduates of Qasr al-'Aini and the female graduates of the School of Midwives⁹⁰ were appointed in the police stations in urban centers and in provincial headquarters in rural areas.

Placed under the jurisdiction of the General Health Board in Alexandria (*Majlis Umûm al-Sihha*), these numerous male and female physicians, nurses, and pharmacists were entrusted with wide-ranging duties.⁹¹ Besides conducting preliminary check-ups on urgent cases and issuing *tezkeras* permitting patients to be admitted to hospitals, these health officials were also responsible for conducting a nation-wide vaccination program against smallpox for all children (a program that seems to have been quite successful), for overseeing the intricate operation of imposing strict quarantine regulations during epidemics (especially cholera and plague), and supervising an elaborate system of forensic medicine to decide on suspected homicides and various other suspicious cases. In addition to being posted at police stations, these new graduates of Qasr al-'Aini were also posted in the newly founded health clinics of Cairo, the *makâtib al-sihha*. These were public clinics offering medical services to the urban population

⁹⁰Founded in 1832, this school admitted young Sudanese and Abyssinian girls and taught them some basics of modern medicine. These girls would spend six years in all, including two years spent in Arabic literacy, to be followed by four years of special training in the following fields: obstetrics, pre- and post-natal care, dressing wounds, cauterization, vaccination, scarification, cupping, and the application of leeches, in addition to identification and preparation of the most common medicines. For a brief survey of the history of this school and of the women who were taught there see 'Abd al-Karîm, *Tarîkh al-Ta'lim*, pp. 294 ff; Kuhnke, *Lives at Risk*, ch. 7; and Khaled Fahmy "Women, medicine, and power in nineteenth-century Egypt," pp. 35-72.

⁹¹For the structure of the public health services see LaVerne Kuhnke, *Lives at Risk*, Appendices 1 and 2, pp. 167-77.

free of charge. Reportedly, 21,468 out-patients were treated between 1845, when six such clinics were first established, and 1848, when their number was raised to eight: six for Cairo's eight quarters (*tumns*), one for Bûlâq, and one for Old Cairo. These clinics treated

common ailments like ophthalmia, scabies, syphilis, and dislocated or broken limbs....[In addition, they were to offer] free consultation for all the city's inhabitants; emergency aid to victims of drowning or asphyxiation; dressing injuries; free vaccination; dispatching *hakimas* to confinement cases, [and] verifying and certifying causes of death..."⁹²

Together these physicians were responsible for overseeing all sanitary operations in an effort to guarantee the removal of every cause of ill health, including street cleaning, garbage collection, refuse disposal, and the filling in of marshes and ponds. As early as 1835 there was a proposal to form a special police force whose main task was to catch those men and women who would answer the call of nature in the streets and alleyways of Cairo and to punish them on the spot; as for those who were caught throwing garbage in the streets or in the Khalij, the main waterway passing through the city, these would have the doors of their houses nailed for three days.⁹³ When it was reported that there was a significant rise in the number of street accidents as a result of the increasing number of carriages, a general order was issued in 1852 forbidding drivers to speed and preventing the pages from using the whip to clear the way in front of the dashing carriages.⁹⁴ All persons engaged in any commercial activities that might have a connection to public health were closely supervised: food vendors, bakers, butchers, druggists, and herbalists.⁹⁵ Bread supplied to the army had to be inspected

⁹²Kuhnke, p. 142. Kuhnke's information is all derived for *al-Waqâi' al-Misriyya*, Mehmed Ali's gazette.

⁹³DWQ: Mahfazat al-Mîhî, folder no. 8, doc. no. 16, 3 Sha'bân 1251/24 November 1835. A key word in the order is unreadable, a word that would have clarified what the punishment was: it says that any one of those people would have "one of his two ??? nailed on the spot as an example to others."

⁹⁴DWQ: Diwân Khidwî, S/2/18/1 (old no. 654), doc. no. 389, pp. 197-199, 10 Shawwâl 1268/28 July 1852.

⁹⁵The records of the Department of Health Inspection of Cairo, Taftîsh al-Sihha, contain countless examples of petitions presented by such people to open their shops in Cairo. The answers to these petitions are also recorded. For those concerning butchers and slaughterhouses, for example, see the petition presented by some butchers to open shops in al-Rumaila Street: DWQ: Muhâfazat Misr, Reg. L/1/5/1

regularly. Once, when it was once discovered to have traces of insect wings, the Qasr al-'Aini laboratory, which routinely conducted such tests, reported that although these traces were not poisonous, they might cause disgust [*karâha*] among the soldiers eating them.⁹⁶ The quality of coffee served in coffee houses was checked regularly to make sure that the patrons of these places "who are mostly poor people [are not cheated. Furthermore,] since coffee is by itself a stimulant and a healthy [drink], if cheated, then these patrons would not benefit from it."⁹⁷ Similarly, butter had to be checked routinely when it was brought into the city of Cairo and the merchants who sold it had to be examined every few days without prior notification so that they do not tamper with it.⁹⁸ The quality of the water supply to the city was also closely monitored after complaints that the water smelt bad and had a greenish color and a nasty taste.⁹⁹ Slaughterhouses were moved to the fringes of cities and minute attention was paid to their cleanliness.¹⁰⁰ Tanneries were also relocated outside the cities.¹⁰¹

(old no. 183), letter no. 199, from Taftîsh al-Sihha to al-Zabtiyya, p. 183, 18 Muharram 1277/6 August 1860. The response is in *ibid.*, letter no. 206, p. 185, on 25 Muharram 1277/13 August 1860. When Ibrâhîm Muhâmmad al-Jazzâr was discovered by the Taftîsh to have opened his butchery without a permit, the Zabtiyya was promptly informed to arrest him and have his shop closed; Muhâfazat Misr, Reg. L/1/5/2 (old no. 185), letter no. 130, p. 132, on 29 Shawwâl 1277/10 May 1861. When the meat sold by 'Abd al-Hâdî al-Ghâyâtî al-Jazzâr in his butchery was inspected and found unsuitable for human consumption, he was sent to the Zabtiyya for questioning. A sample of the meat was also forwarded by the Taftîsh: *ibid.*, letter no. 169, p. 158, on 12 Muharram 1278/20 July 1861.

⁹⁶DWQ: Diwân al-Jihâdiyya, reg. no. 446, doc. no. 437, pp. 61-62, 25 Dhû al-Qi'da 1274/8 July 1858.

⁹⁷DWQ: Muhâfazat Misr, Riyâsat al-Isbitâliya, L/1/4/9 (old no. 458), doc. no. 788, pp. 50, 53, 16 Rabî' II 1282/8 September 1865.

⁹⁸DWQ: Taftîsh al-Sihha, M/5/11 (old no. 226), doc. no. 50, p. 199, 26 Dhû al-Qi'da 1290/16 January 1874.

⁹⁹DWQ: *ibid.*, doc. no. 28, p. 67, 19 Sha'bân 1290/13 October 1873.

¹⁰⁰The information on the Cairo slaughterhouses is as fascinating as that of its butcheries; see the interesting order by Ismâ'il approving an earlier decree by Majlis al-Khusûsî to open two slaughterhouses for Cairo, one in the north and the other to the south of the city, where all slaughtering was to be done: DWQ: Diwân al-Dâkhiliyya, Daftar Qayd al-Awâmir al-Karîma, no. 1315, Order no. 74, p. 21, on 4 Safar 1285/27 May 1868. For the unhygienic condition of the northern 'Abbâsiyya slaughterhouse ten years after its foundation see DWQ: Zabtiyyat Misr, Reg. L/2/31/1, letter no. 197, p. 141, on 12 Dhû al-Qi'da 1296/28 October 1879.

¹⁰¹For an example of a team of regular health inspectors who discovered five tanneries within Cairo and who gave their owners sixty days to relocate outside the

As can be seen from this brief survey of the different duties that were entrusted to the young graduates of the Qasr al-'Aini School of Medicine and to their female colleagues graduating from the School of Midwives, numerous aspects of daily life were tightly controlled and minutely observed. While documenting the ordinances, laws, and regulations that were passed to raise the health standards of city and countryside alike is a relatively easy task, it is much more difficult to observe the reaction of the average Egyptian to these novel techniques of government control. In order to document this reaction, the remainder of this paper will highlight one crucial institution, that of autopsy. Autopsy, and forensic medicine in general, offer good examples to illustrate how people reacted to modern medicine. Death and the practices connected to it, e.g., funerals, paying condolences, burials, and mourning, as well as government control of these practices, e.g., the banning of burials within the city, the necessity of checking all dead bodies and issuing a death certificate prior to burial, and the occasional prevention of tomb visitation and wailing during funerals, occupy an important chapter in the history of medicine in nineteenth-century Egypt. No account of the social aspect of this history can be complete if it lacks an analysis of popular perceptions of death.

The Introduction of Forensic Medicine

One of the most important function of the doctors appointed in the police stations was the collection of vital statistics that the local barbers (*hallâqs*), midwives (*dâyâs*), and undertakers (*lahhâds*) were regularly supplying when they handed in daily information on all new births and deaths.¹⁰² A general health blueprint issued in 1872 reiterated a previous order that corpses were to be buried only after they had been examined by a physician. The physician was to provide a burial certificate that specified the name, sex, and age of the deceased, in addition to the cause of death, the name of

city see DWQ: Muhâfazat Misr, Reg. L/1/5/2/ (old no. 185), letter no. 135, p. 135, on 5 Dhû al-Qi'da 1277/15 May 1861.

¹⁰²For an idea of how meticulous the authorities were in recording this data, see the registers recording the daily statistics of the dead in Cairo (apparently compiled from information supplied by the undertakers and not by the health officers): DWQ: Bayt a-Mâl, Dafâtir Qayd al-Amwât, G (Arabic "jîm") /2/1/1, covering the period 1844-1880.

the doctor who had treated him/her, the name of the pharmacy from which any medicine was issued, as well as any suspicious signs detected on the body.¹⁰³ Although this blueprint that was introduced to revise the health organization of the city of Cairo explicitly gave only the following reasons for asking for post-mortem examinations: the need to know if there was any outbreak of epidemics, to check the effectiveness of health measures, [and to] gather vital statistics of the whole city, the need to detect suspicious homicide cases was one of the most important reasons for insisting on these measures. It is not known exactly when this important function was instituted, but by the 1850s physicians of the quarters (*hukamâ' al-atmân*) were constantly warned against any delays in conducting post-mortem examinations, and regularly reminded that, on finding any suspicious cases, they had to write to the Central Bureau of Health Inspection so that a second examination could be conducted.¹⁰⁴ This most often took the form of an autopsy in Qasr al-'Aini Hospital.

From as early as the 1850s, forensic medicine played a central role in the increasingly efficient criminal legal system. Police commissioners as well as court magistrates repeatedly relied on the reports supplied by male and female physicians to investigate and rule on a wide range of criminal cases that ranged from domestic violence, to sexual assault, to miscarriage and homicides. While an analysis of contemporary legal documents that show how these cases were investigated can go a long way to explain the structure and functioning of the legal system, it can also throw light on the central question of this study, namely, the way in which the average Egyptians reacted to the state's attempt to appropriate their bodies, and can help identify the social and cultural factors that informed this reaction. In order to understand these factors what follows is an analysis of a number of cases involving death. These cases will not be studied to check how the medico-legal establishment went about investigated suspected homicide

¹⁰³There are various letters and correspondences about this delicate matter; see, in particular, the health blueprint drawn up by Drs. Purgeur, Colocci and Martini to revise the health administration of Cairo; DWQ: Dîwân al-Dâkhiliyya, Reg. 1320 (Daftar Qayd al-Awâmir), Order no. 35, pp. 9-11, 16 Sahwâl 1289/17 December 1872. See also 'Alî Mubârak, *al-Khitat al-Tawfiqiyya al-Jadida li-Misr al-Qâhira*, 2nd ed. (1969; rpt. Cairo: General Egyptian Book Organization, 1980), I, p. 217.

¹⁰⁴DWQ: Muhâfazat Misr, Reg. L/1/5/2 (old no. 185), letter no. 6, p. 37, 7 Rabî' II 1277/23 October 1860.

cases.¹⁰⁵ Rather, they are studied for two purposes: firstly, to document how the concerned individuals, be they the relatives of the deceased, members of his/her community or others that were brought in sometimes as witnesses might have reacted to the state's attempts to lay claims on the body of the deceased; secondly, to investigate the intricate role played by nurses, undertakers, scribes, and traditional midwives.

Sometime in late 1877 a young woman called Fadl Wâsi' from Girgeh in Upper Egypt got pregnant after having sex with a local man whose name or exact dwelling she did not know. When her belly started to show and probably for fear of the reaction of her family and community to her scandalous act, she fled her village and walked all the way to Cairo where she hoped she would not be recognized. While roaming the city looking for a place to sleep, she spotted a fellow villager, a thirty-year old man called Ahmad 'Abd al-Jawwâd, who took pity on her and invited her to live with him. Being an infantry soldier, he was stationed in the Qasr al-Nîl barracks on the western edges of the city but he was renting a room in a house owned by a certain Hajj Ibrâhîm Muhammad in 'Ishash Ma'rûf (also to the west of the city). The landlord, Hajj Ibrâhîm, initially objected to her moving in but, apparently he too took pity on Fadl when he saw her and was told her story and allowed her to live in a room in his house.

Five months later and while she was in her seventh month, she started having labor pains. Hajj Ibrâhîm immediately summoned the local midwife (*dâya*), a seventy-year old woman called 'Abda, who was not late in coming. At sunset and after a long arduous labor Fadl gave birth to a baby girl. Hajj Ibrâhîm, again acting graciously, paid the seven piaster fee. Mistaking Ahmad for the father, 'Abda asked for his full name so that she could report the newborn to the local health office as was customary. Ahmad lied to her and told her that soldiers need not report their children and that they were exempt from this important regulation.

Being somewhat unconvinced of this allegation, 'Abda was, nevertheless, content with her seven piaster fee and eventually agreed not to report the birth of the baby girl. The case could have ended at that and

¹⁰⁵ For the role of forensic medicine in the elaborate medico-legal structure see Fahmy, "Anatomy of justice," and idem, "The police and the people in nineteenth-century Egypt," *Die Welt des Islams*, 39 (1999), pp. 1-38.

probably there were countless such cases where the government machinery was altogether evaded by a midwife, a *shaykh al-hara*, or some other intermediary conniving with the parents not to report the birth of a newly born baby. The problem with Fadl Wâsi' and Ahmad, however, was that fate was not kind to them for the baby girl died the following day. (It has to be mentioned that Fadl was syphilitic and this might have been the cause of death of her newborn baby, although this was never explicitly mentioned as the cause of death as will be shown below). Having not reported the girl in the first place, the couple now felt trapped since they could not go and report the death of a person who, as far as the authorities were concerned, had not been born yet. Being thus caught between a rock and a hard place both Ahmad and Fadl decided to bury the body without informing the authorities. However, since both were extremely poor and could not afford to "prepare, buy a shroud for, or [properly] bury the body", they went to a spot under the newly constructed Qasr al-Nîl bridge and buried the body in a shallow grave they dug with their own hands.

Again, the case could have ended then and there but again fate was unkind to Fadl. One day later some children playing under the bridge frantically went to report to the neighborhood *shaykh* (*shaykh hârat Ma'rûf*) that a dog had unearthed what appeared to be a human corpse. Once informed, the *shaykh* notified the police authorities who promptly took the body to be examined in the police station. When the resident doctor there could not identify the cause of death, nor even ascertain whether the body was that of a stillborn baby or a child who had died after delivery, the body was sent to Qasr al-'Aini for an autopsy. Again the result of the examination was inconclusive because of "the horrible condition of the corpse."

In the meantime Fadl and Ahmad were interrogated in the police station and together with the midwife they were found guilty of not reporting the birth of the baby girl. In addition, the couple was also found guilty of violating government regulations regarding proper burial and the need to notify the authorities of any death that occurred in the city.¹⁰⁶

What this tragic case illustrates is an attempt by a poor, illiterate young girl, who was probably tricked into giving her honor to a man she had met, to evade her society's controlling gaze. The circumstances under which she

¹⁰⁶ DWQ: Zabtîyyat Misr, Reg. L/2/6/4 (old no. 2032), case no. 597, pp. 45-47, 21 Jumâdâ I 1295/27 May 1878.

had sex with this man (who is left unnamed throughout the story) are not known. We only see Fadl after she had managed to escape her community and after she had arrived in the big city lonely, tired, and carrying a heavy load. There she must have felt that she had escaped the worst fate possible, only to find out in a very hard way that it was much more difficult to evade the piercing gaze of the modern state than evading her village's accusing looks and gossiping tongues. Whereas Fadl managed to draw to her side both Ahmad and Hajj Ibrâhîm, as well as 'Abda the midwife, she had no chance of doing so with Shaykh al-hâra, the police commissioner, or the police physician. As far as these government officials were concerned, Fadl had infringed on the rights of the state they worked for by not informing them of the birth of her child and then by disposing of her baby's body, also without informing them. The state's insistence on its prerogatives that laid strong claims on its citizens' bodies had to be paid for dearly by Fadl who ended up losing not only her baby, but also the anonymity and protection she so cherished.

In 1860, a comparable case took place in another quarter that, like Qasr al-Nîl eighteen years earlier, had still not been fully incorporated into the city of Cairo. This was the case of fifteen-year old Muhammad b. Muhammad 'Abdallah of Shabramant, Giza. Sometime in late Sha'bân 1276 (February 1860) his father sent him to learn the Qur'an with two shaykhs, Shaykh Mahmûd and Shaykh Ibrâhîm, who had a Qur'an school (*kuttâb*) in al-Imâmâyî, the area of the southern cemetery of Cairo. When young Muhammad did not return home at the expected time, his father went to the *kuttâb* in person, only to be informed by some children that his son had died three days previously in the mill (*tâhûna*) that was attached to the *kuttâb*. At the mill he found his son's clothes, stained with blood, and was told that the body had already been buried. He then went to the Cairo police headquarters and demanded that the two shaykhs be summoned.

The police authorities immediately conducted an investigation into the circumstances surrounding the death of young Muhammad. The boys in the *kuttâb* reported that young Muhammad was in the habit of sleeping with two other children on the wheel of the mill, since there was not enough room in the *kuttâb* for the children. They added that the children used to sleep there without the knowledge of the miller, who had poor eyesight. On the first or second night of Ramadân, when the two other children arose for the mid-

night *suhûr* meal, they could not find Muhammad. Little did they know that, while sleeping, he had fallen and was instantly killed when his body was caught between the wheels. When the body was discovered the following morning, Shaykh Mahmûd ordered that it be washed, shrouded, and buried.

Salîm Afandi, the police commissioner in charge of the case, was shocked to discover what had happened. He immediately wrote to the Bureau of Health Inspection, demanding to know how a case like this was not recorded in the registers of the local police. The answer he received was alarming: this area was not subject to the jurisdiction of any of Cairo's ten quarters. As a result, no quarter or street shaykhs had ever been appointed there (*lâ u'lam lahâ lâ shaykh thumn wa lâ mashâyikh hârât*); no post-mortem examination had ever been conducted there; and neither births nor deaths were registered systematically; in short, "none of the health regulations are ever applied here."¹⁰⁷ In addition, Salîm Afandi learned that the *kuttâb* had no registers in which the students' names were recorded; no one knew when the children had arrived, or where their parents were living; the shaykhs had not been informed that they had to know the names and home addresses of the children in their custody; they were so completely oblivious of the affairs of their own *kuttâb* that some of them had learned about this incident only when the police arrived.

This complete lack of order had to be rectified at once. Those responsible for Muhammad's death were summarily prosecuted. Shaykh Mahmûd and Shaykh Ibrâhîm were initially sentenced to six and three months in jail, respectively,¹⁰⁸ and the men who washed, shrouded, and buried the body were sentenced to two months at hard labor.¹⁰⁹ Most importantly, however, prompt action had to be taken to attach this neighborhood to the quarter of Old Cairo and to "ask its shaykh to apply all

¹⁰⁷DWQ: Muhâfazat Misr, Reg. L/1/5/1 (old no. 183), letter no. 150, from Taftîsh al-Sihha to al-Zabtiyya, pp. 147-148, 18 Dhû al-Qi'da 1276/7 June 1860.

¹⁰⁸They were subsequently pardoned according to the General Amnesty issued on 29 Jumâda II 1277/12 January 1861.

¹⁰⁹This is according to Article 7 of Chapter 5 of al-Qânûn al-Sultânî, which states, "If a public official, regardless of his rank, does not follow regulations and decrees and this results in no damage, then he will be punished, according to his rank, by imprisonment from ten days to one month in the provincial gaol. If, however, his violation of the decrees resulted in damage, then he is to be imprisoned in the said gaol from one month to six months, according to the degree of damage inflicted...." Quoted in Ahmad Fathî Zaghlûl, *al-Muhâmâh* (Cairo, 1900), Appendix, 176.

health regulations there as diligently as he would apply it in the other streets of his quarter... including such matters as registering newborn babies, conducting post-mortem examinations, registering the dead, etc..."¹¹⁰

Like Fadl Wāsi', the shaykhs responsible for the *kuttāb* where Muhammad had died reacted to death in a way that contrasted sharply with how the state expected them to react. For them death was a fact of everyday life; they lived with it and looked upon it as a self-evident part of their lives and they considered the dead to be *their* dead, feeling no need to notify the state authorities of what they obviously considered a matter of utmost, but local, concern. For Shaykhs Mahmūd and Ibrāhīm, young Muhammad belonged to them and to their community even if his name did not appear on any official register. When they were informed of his death, they did the only thing they saw proper: they promptly washed his body, put it in a shroud, and finally buried it. These rites were performed with solemnity and reverence, believing in the Islamic principle that maintains that "dignifying the dead is to bury them promptly." To them, the appearance of the Cairo police commissioner on their premises and his alarm must have been very surprising. More bewildering, must have been his meticulous investigation that reflected the interests of the medico-legal establishment and, behind it, the state's "rational, official form of organization, which could not tolerate the integral entanglement of life and death."¹¹¹ To his repeated questions about why they had not informed the authorities of Muhammad's death, the shaykhs could only say that they thought that any delay in burial would have been improper (*al-ta'khīr 'an dhālika laysa min al-sawāb*).¹¹²

Naturally, not all death cases were brought to the attention of the authorities in this surreptitious way; more often death was reported

¹¹⁰DWQ: Muhāfazat Misr, Reg. L/1/20/5 (old no. 1043), case no. 36, pp. 162-165, 18 Shawwāl 1277/29 April 1861.

¹¹¹Péter Hanák, "The alienation of death in Budapest and Vienna at the turn of the century," in *The Garden and the Workshop: Essays on the Cultural History of Vienna and Budapest* (Princeton: Princeton University Press, 1998), p. 98.

¹¹²It is interesting to note that it took nearly three years to rectify the situation and to attach the area to one of the neighboring quarters and only after the Khedive had approved the recommendations in person. In fact, since it was discovered that around 15,000 residents lived there, it was decided not to attach the area to any existing quarter but to appoint a new doctor to oversee the whole medico-legal process; see DWQ: Ma'iyya Saniyya, Awāmīr, Reg. S/1/1/24 (old no. 1907), Khedival Order to Zabtīyyat Misr no. 32, p. 80, 13 Sha'bān 1280/23 January 1864.

promptly and shortly after it had occurred. Consider, for example, the following case of the death of 'Ā'isha bint Mustafā. While her son, 'Alī Afandī al-Darandallī, was performing his morning prayers early on the morning of 10 Jumādī I 1278 (13 November 1861), he heard a muted sound, like that of a heavy body, crashing on the floor. He immediately searched for his eighty-year-old mother who was living with him and with his wife, and who suffered bouts of fainting during which she would lose consciousness for fifteen minutes or so. He rushed to his mother's room but could not find her. Looking through the window, he saw her lying dead on the ground, next to the broken pottery trough that she used for her ablutions. When he was subsequently questioned by the police, he said that his mother was in the habit of rising early and performing her ablutions, after which she would throw the water from the window (noting that he had repeatedly asked her not to do this for he knew that the local medical officers would fine people caught throwing dirty water in the streets). Since she was blind, he explained, she must have slipped and fallen out of the window with the trough.

His mother was found dead, and he immediately informed the authorities. When the police conducted their investigation, both the *hakīma* of the Azbakiyya quarter where 'Alī Afandī lived, as well as the *hakīma* of the Cairo police headquarters had to submit their reports. The joint report clearly indicated that the death was caused by falling from a high place:

A fracture in the lower jaw bone and in the right side of the upper jaw bone.... Multiple fractures in both forearms as well as in the right femur.... Bruises all over the skin and a fracture in [both] feet, and in the left ribs with no wounds visible. Concussion in the brain, this last constituting the cause of death.

In the face of this detailed medical report, the legal body that the police had to report the case to, Majlis Misr, was reluctant to press charges. Relying mainly on these technical and medical reports, and confident that the medico-legal system was efficient and reliable, Majlis Misr decided not to press charges in the case of 'Ā'isha bt. Mustafā's death. Accordingly, the case was dropped.¹¹³

¹¹³DWQ: Muhāfazat Misr, Reg. L/1/20/8 (old no. 1108), case no. 42, pp. 108-9, 28 Shawwāl 1278/28 April 1862.

Compared to the previous two cases, in which incidents of death were hidden from the state either willingly or out of ostensible oversight, this case shows 'Alî Afandî as someone who was completely co-operative with the police and the medical authorities. Naturally, most popular reactions to the state's interference in matters of death lay between these two extremes. As is shown in the following cases there was a gradual realization that the state could not be kept out of what was considered by the people and the authorities alike to be a matter, to wit, of vital interest. If this was the case, if it was generally realized that the state with its ever meticulous concern to record, tabulate and analyze all incidents of death, was capable of penetrating into one of the most intimate aspects of life, that of death, then one needs to ask how this aspect of state power was enunciated, i.e., how it manifested itself, as well as how the state's encroachment on private life was tolerated, resisted and/or accommodated. To answer these questions I review two more cases that date from the same period as those previously presented.

On 12 November 1858 twenty-seven slaves, who used to work on the estate of Ilhami Pasha, the great nephew of the then Khedive, Said Pasha, stormed into the Cairo Police Headquarters to file an accusation against 'Umar Bey Wasfi who was the *nazir* (supervisor) of the estate's stables. They accused 'Umar Bey of beating to death a fellow slave called Sultan because he had been absent for two days without permission. They claimed that the manner of beating was particularly brutal: that 'Umar Bey, after ordering Sultan to be lashed, took the whip himself and seemed to draw personal satisfaction from beating Sultan himself; that he had ordered the slave to strip himself naked; that blood was splashing from the slave's back and buttocks as a result of the excessive beating; and most horribly, that after he had finished beating him, 'Umar Bey had Sultan's legs shackled with iron chains and had molten lead poured onto the shackles. As a result of these brutalities Sultan died.

Significantly, Sultan's fellow slaves not only managed to slip out of the palace and rush to the police station to report the case but also made sure to guard Sultan's body and to prevent the estate officials from burying it, thus covering the signs of the Bey's crime. In the subsequent police investigation, this proved to be of prime importance. Two senior coroners were immediately dispatched to the estate where they found Sultan's body

in the condition previously described by the slaves. After conducting a preliminary post mortem investigation, they had the body sent to Qasr al-'Aini for an autopsy which eventually concluded that Sultan's death was most probably not a natural one and that it was caused by severe beating that caused internal bleeding.¹¹⁴

What is important in this highly dramatic case is the clear recognition on the part of the slaves of the role the police and their forensic experts played in investigating crime. Not only did they leave Sultan's body guarded when they marched off to the police station to report the incident, they also prevented the estate's pharmacists and doctors from touching the body lest its condition be altered in a way that would complicate the coroners' investigation. More tellingly, the local undertakers refused to show up when they were summoned by the estate's officials to bury the corpse.

This is not the only case that is preserved in the records of the Egyptian police and of the different criminal courts of the nineteenth century that shows that it was often private individuals, not the state, who initiated legal action that appeared to forfeit their right over the bodies of their deceased kin or loved ones. It is true that very often the state's interest in investigating crime and in controlling epidemics might have led to certain actions that came across as particularly intrusive or oppressive. However, due to the very intrusiveness and efficiency of the state public health policies, it was soon realized that these very same methods could also be resorted to by private individuals in their attempt to redress injustice.

From as early as the late 1850s and early 1860s, not only was an impressive public health system already in place, it also appears that its intricate functioning was something that was readily understood by the public and that they occasionally resorted to it and used it for their own purposes. What allowed this intrusive system of state control and manipulation to be so readily accessible was not any liberal ideas on which this system was ostensibly founded. Rather, it was that very intrusiveness and diffusion of the system that allowed it to be penetrated at various levels

¹¹⁴ DWQ: Majlis al-Ahkam, Reg. S/7/10/3, pp.54-65, case on 22 Rabi' II 1275/30 November 1858. For a full analysis of this case see Fahmy, "The police and the people," pp. 31-35.

of its daily functioning. In other words, it was the manner in which this system enunciated itself that opened it to subversion and manipulation by its supposed objects of control. One last example may illustrate this point.

Some time in March 1864, two men from a village near Samallut in Upper Egypt were killed while trading some livestock in a nearby village. The murderer was a certain Muhammad 'Umar, the *shaykh* of the village in which the two men had gone to sell their animals. By mere accident the provincial governor was on an inspection tour of his provinces soon thereafter and nearly stumbled over the makeshift graves in which the two bodies were hastily buried. A lengthy investigation soon ensued in which the villagers were apparently intimidated by Muhammad 'Umar and two of his cousins who were also village *shaykhs*. Eventually, however, the investigating authorities managed to pin the charge on Muhammad 'Umar, mostly as a result of a lengthy and detailed autopsy report done by the local coroner.¹¹⁵

The detailed investigation of this crime reveals the intricate manner in which the public health system functioned in cases of death. On receiving news of the death of any villager, the village *shaykh* was supposed to send the local barber-surgeon to check the body. If he found any suspicious signs, or if the circumstances of death appeared unnatural, as in the case of young, healthy persons, the local doctor would be summoned. After conducting a post mortem investigation, the doctor would issue a burial certificate allowing the corpse to be buried. The barber-surgeon then would wash the corpse prior to the undertaker's performing the last rituals of death. Significantly, the local scribe would record the deceased's name in special registers after receiving information from the barber-surgeon or from the doctor as the case might be. In urban centers, undertakers were also required to provide information about the bodies they had buried to special officials who would, in turn, prepare special registers that would be compared to those prepared by the doctors and barber-surgeons.

It was this meticulous and detailed nature of the system that allowed the state to make sure that it had precise information about all cases of death. The starting point in this intricate system was its ability to lay claims on the bodies of its deceased citizens and to stipulate that they would not be buried

¹¹⁵ DWQ: Majlis al-Ahkam, Reg. S/10/29 (old no. 633), case no. 39, pp. 44-48, 19 Jumada I 1282/11 October 1865.

until proper regulations had been fulfilled. However, this very same intricate nature of the system allowed it to be manipulated and subverted by the public. In the case above, it turned out that Muhammad 'Umar had initially gotten away with his murderous act because he had managed to intimidate the local barber-surgeon, preventing him from reporting. Then he bribed or intimidated the local health scribe to enter the cause of death as natural in his registers. Finally, he summoned a local undertaker to falsely testify that he had properly buried the two bodies and had not seen any suspicious signs on their bodies. Throughout the lengthy interrogations, one after the other of the mechanisms that the state had introduced to have a tight control over the population appeared to be subverted and manipulated: registers were tampered with, scribes were bribed, seals were lost, and health officials appeared forgetful. In other words, the diffuse manner in which the public health system was enunciated and which allowed it to penetrate deeply in Egyptian society was, itself, the very same reason why this impressive system occasionally appeared less than efficient.

Conclusion

In this paper I raised some questions about the social history of medicine in nineteenth-century Egypt. Rather than deal exclusively with the highly polemical question of who is to be credited with the historical honor of introducing modern medicine in Egypt, I attempted to identify the key characteristics that differentiated nineteenth-century medicine from earlier practices. I argued that both the manner in which medical knowledge was produced in the newly-founded hospital-school of Qasr al-'Aini and the new social role that the physician came to occupy marked a sharp difference in how the human body was approached and how illness was defined. I then moved to the delicate question of how this modern medicine was understood by the public and how the modern hospitals that proliferated in Egyptian cities and towns were understood and accommodated. I argue that far from being espoused by the population, hospitals were rarely patronized by the public due to bad management, deplorable conditions of their buildings, and occasional cases of medical malpractice. Finally, the paper addressed the question of how modern medicine was enunciated through the numerous state agents who made sure that the public health system would function in

the meticulous, detailed manner that would ensure its penetration to the remotest corner of Egyptian society. These state functionaries, as much as they made sure that the public health system worked efficiently were at the same time prone to being manipulated, intimidated, bribed, or altogether resisted by different members of society to further his/her own purposes. In other words, far from being an enlightening center of civilization that helped to lift the clouds of ignorance that had hovered above Egypt for centuries, as is often argued by nationalist historians, Qasr al-'Aini and the multiplicity of medical institutions and practices associated with it, were important sites of power and control that affected daily life in Egypt in an unprecedented manner. These sites of power, however, as much as they were used by the state and its officials, were also accessible to the young aspiring doctors and to other health practitioners, as well as the public at large. As such, the hospitals, clinics and various health centers that were established in Egypt in the nineteenth century were important sites in which modern power was produced, received, contested, and negotiated on a daily basis.

CLIENTELISTIC STRUCTURES AND POLITICAL PARTICIPATION IN RURAL TURKEY - A CASE STUDY

HORST UNBEHAUN

The most important reason why political participation in Turkey is not practiced is, it seems to me, the patronage which exists within our political culture and is very developed. Patronage can occupy the place of political participation in society, i.e., it becomes its substitute.¹

Statements like this point to a deficit in participatory democracy and refer to well-known phenomena in Turkish public life which extend from the involvement of politicians in corruption scandals to the personal relationships of citizens trying to enforce their rights when dealing with the central or a municipal administration.

This case study attempts to offer a different perspective in which political participation is not only defined and analyzed within a framework of democratic politics but within clientelistic structures as well. Therefore, the actual existence or development of political participation by citizens will not be discussed in terms of democratic standards. Instead, this study will try to demonstrate how the transition to a market economy and a multi-party system has caused traditional structures of patronage relationships in village areas necessarily to turn into more open clientelistic relationships, providing citizens with new opportunities to promote their interests. Thus more autonomous forms of political participation, which in recent periods have spread over rural Turkey, can be seen as supplementary, not in contrast to clientelistic relationships.

Moreover, political scandals and real life experiences in most democratic countries show that the use of personal relationships belongs to a standard behavior repertoire at different levels of civil society and the state. If a truly Turkish characteristic should be found, it would be the *degree* to which citizens and politicians are able to tap state resources by means of face-to-face relationships. This is reflected in Turkish colloquial language: *Devletin*

¹ I. Tekeli in Cumhuriyet, 22.8.1991: Katilimin Yerini Patronaj Aliyor.